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TABLE 1—MORTALITY FROM MALIGNANT NEOPLASMS AMONG MEN
United States—1978

Death Rate per 100,000

Area	Ages 35-74*	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65-74
United States	321.9	45.0	192.0	521.5	1,102.9
New England	324.2	43.8	183.8	513.4	1,157.9
Maine	332.5	52.4	227.0	513.1	1,095.3
New Hampshire	318.3	34.6	187.5	508.7	1,136.5
Vermont	346.2	30.1	189.5	522.7	1,343.3
Massachusetts	326.3	40.8	175.9	523.9	1,185.4
Rhode Island	349.8	64.7	224.2	548.2	1,146.3
Connecticut	308.8	45.3	170.4	484.8	1,111.4
Middle Atlantic	328.4	43.6	195.8	525.9	1,142.1
New York	320.0	44.1	190.3	502.5	1,126.4
New Jersey	335.8	46.7	192.4	526.9	1,199.1
Pennsylvania	335.9	40.8	206.2	558.1	1,131.4
East North Central	326.4	45.1	196.6	522.5	1,126.0
Ohio	335.7	43.0	206.2	538.7	1,156.1
Indiana	333.4	46.8	198.9	548.9	1,127.2
Illinois	332.0	49.5	203.1	523.2	1,140.5
Michigan	324.8	42.9	190.0	516.5	1,145.1
Wisconsin	288.1	40.9	167.4	464.3	1,000.1
West North Central	290.5	38.9	167.8	463.7	1,025.1
Minnesota	270.9	31.8	150.1	423.2	999.4
Iowa	281.9	32.0	170.3	421.1	1,041.0
Missouri	326.8	48.6	182.4	544.6	1,116.6
North Dakota	247.6	46.1	149.8	358.6	880.8
South Dakota	246.7	32.5	167.9	398.8	802.1
Nebraska	288.9	29.4	179.3	484.0	978.3
Kansas	283.7	45.4	161.0	451.5	989.3
South Atlantic	346.9	50.1	214.5	580.9	1,134.7
Delaware	368.9	53.0	204.9	600.1	1,292.8
Maryland	361.9	46.8	205.1	566.1	1,310.4
District of Columbia	472.6	67.9	308.0	819.2	1,461.9
Virginia	339.9	40.2	200.2	550.2	1,192.5
West Virginia	347.3	69.6	194.8	546.2	1,186.7
North Carolina	335.9	42.5	204.9	553.5	1,137.2
South Carolina	342.5	55.9	211.9	570.4	1,106.2
Georgia	359.5	54.9	217.9	601.6	1,178.3
Florida	346.0	52.8	231.6	602.4	1,041.9
East South Central	351.1	55.4	222.9	588.2	1,120.1
Kentucky	347.4	51.1	221.5	575.3	1,128.1
Tennessee	344.6	55.9	218.8	590.9	1,072.5
Alabama	359.2	56.7	219.3	599.0	1,171.9
Mississippi	356.4	59.1	239.9	585.4	1,114.8
West South Central	328.5	47.7	201.5	529.5	1,111.3
Arkansas	314.0	42.5	207.8	531.7	992.3
Louisiana	373.8	52.9	227.8	605.0	1,268.1
Oklahoma	316.6	43.6	188.3	516.1	1,082.6
Texas	321.5	47.9	195.8	509.9	1,101.4
Mountain	258.1	34.0	142.9	441.1	879.0
Montana	259.0	37.2	129.1	428.7	931.1
Idaho	228.0	34.0	137.7	364.1	779.8
Wyoming	271.1	24.7	125.8	456.7	1,025.7
Colorado	251.1	29.4	126.3	422.9	907.4
New Mexico	260.8	32.1	155.2	435.7	885.4
Arizona	290.1	40.6	183.3	519.4	887.1
Utah	187.5	32.6	93.7	300.0	674.6
Nevada	316.6	39.2	166.6	578.6	1,044.8
Pacific	298.2	42.2	167.5	472.8	1,062.5
Washington	295.3	44.5	163.9	508.8	982.4
Oregon	289.8	38.7	155.9	453.2	1,066.7
California	302.1	41.8	170.5	472.5	1,088.4
Alaska	310.0	47.7	184.2	420.7	1,186.4
Hawaii	232.3	47.2	131.6	391.6	745.3

*Adjusted on basis of age distribution of the United States total population, 1940.

Source of basic data: Mortality figures from Division of Vital Statistics, National Center for Health Statistics—rates computed in Statistical Bureau of the Metropolitan Life Insurance Company.

Geographic Variations in Mortality from Cancer

Cancer, which ranks second among the leading causes of death in the United States, is responsible for about a fifth of all deaths in the nation. The mortality rates from cancer show wide variation by age and sex, as well as by geographic area.

Tables 1 and 2 present the mortality from cancer among men and women in the United States in 1978. Death rates from malignant neoplasms are shown by state and geographic division in 10-year age groupings between 35 and 74 and also for ages 35-74 combined. The combined death rates have been age-adjusted to allow for differences in the age composition of state populations.

In 1978 the mortality from cancer among men aged 35-74 was 322 deaths per 100,000 population for the nation as a whole. The highest mortality at these ages—351 deaths per 100,000—was registered in the East South Central States, followed by the South Atlantic States with 347 deaths per 100,000. The New England, East North Central, Middle Atlantic, and West South Central States recorded death rates among men that ranged between 324 and 329 deaths per 100,000. The lowest mortality rate from cancer at these ages was recorded in the Mountain States, with 258 deaths per 100,000 population, while the West North Central and Pacific States, each reported rates below 300 per 100,000.

The death rate from cancer among women aged 35-74 was about 30 percent lower than the rate for males in 1978. The geographic pattern of mortality among women at these ages was also quite different from that among men. The highest mortality rate—240 per 100,000 population—was recorded in the Middle Atlantic area, followed by the East North Central States with 232 per 100,000, and the Pacific States with 230. The lowest mortality rates from cancer were recorded in the Mountain States—197 per 100,000 population—and in the West North Central, West South Central, and East South Central States, each reporting slightly fewer than 215 deaths per 100,000 population. In the New England and South Atlantic areas, death rates were less than 230 per 100,000 population.

The highest cancer mortality rates among both men and women were recorded in the District of Columbia—473 deaths per 100,000 for men and 302 deaths for women. Utah reported the lowest mortality rates—188 per 100,000 for men and 165 for women. Among men aged 35-74, cancer mortality rates were higher than 350 deaths per 100,000 in Louisiana, Delaware, Maryland, Georgia, Alabama, and Mississippi. Mortality rates were below 350 per 100,000 in all other states, with about a third reporting fewer than 300 deaths per 100,000. Among women aged 35-74, cancer death rates were higher than 250 per 100,000 in Delaware, Nevada, Maryland, and New Hampshire; in all other states the rate was lower than 250 per 100,000, with 11 states reporting fewer than 200 deaths per 100,000.

Cancer death rates in 1978 were generally higher for women than for men at ages 35-44. At ages 45-54, the rates for women were higher in the Mountain and Pacific States, but lower in other areas. At ages 55-74, however, death rates were markedly higher for males than for females. For both men and women, mortality rates from

TABLE 2—MORTALITY FROM MALIGNANT NEOPLASMS AMONG WOMEN
United States—1978

Death Rate per 100,000

Area	Ages 35-74*	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65-74
United States	225.7	53.8	176.9	369.3	600.7
New England	229.1	52.9	175.8	371.2	629.8
Maine	225.6	40.8	184.7	331.6	680.8
New Hampshire	255.7	57.7	220.7	399.1	672.1
Vermont	216.2	57.4	165.9	351.5	570.8
Massachusetts	226.4	53.3	175.1	365.4	618.5
Rhode Island	245.8	66.3	187.5	376.2	687.7
Connecticut	225.1	50.6	161.4	388.4	611.0
Middle Atlantic	240.0	54.4	186.9	392.0	650.6
New York	241.7	53.1	191.1	396.6	650.2
New Jersey	241.6	52.5	184.5	392.6	674.0
Pennsylvania	236.8	57.9	182.2	385.0	637.9
East North Central	232.1	56.4	182.3	375.2	620.8
Ohio	237.1	53.9	191.6	384.4	630.4
Indiana	232.4	61.3	182.0	376.6	608.2
Illinois	239.4	60.3	187.2	383.4	642.9
Michigan	226.8	58.2	175.0	373.2	594.8
Wisconsin	210.1	42.6	161.0	334.5	604.7
West North Central	208.3	50.6	160.5	336.2	565.8
Minnesota	202.1	47.1	148.6	323.6	576.1
Iowa	195.0	43.7	134.5	346.0	527.0
Missouri	225.7	59.1	185.3	361.1	578.7
North Dakota	199.0	60.6	164.4	237.2	618.0
South Dakota	205.3	45.7	164.0	296.0	614.5
Nebraska	214.1	48.7	162.4	333.5	568.9
Kansas	196.6	46.8	142.6	328.2	540.5
South Atlantic	228.1	58.1	183.7	382.7	568.5
Delaware	280.4	47.1	235.3	474.0	739.9
Maryland	255.8	57.4	196.1	410.7	714.3
District of Columbia	301.9	64.4	259.1	466.3	816.6
Virginia	222.2	60.7	166.1	371.1	575.8
West Virginia	227.2	52.5	196.1	361.8	581.9
North Carolina	204.5	53.8	164.3	343.7	504.9
South Carolina	206.0	49.2	149.6	341.3	569.8
Georgia	216.5	60.7	182.0	351.6	524.6
Florida	239.0	62.7	199.7	416.0	548.3
East South Central	212.0	60.2	165.7	339.3	550.1
Kentucky	230.9	63.7	192.3	365.7	575.2
Tennessee	203.1	49.6	159.9	331.1	537.2
Alabama	214.2	61.1	165.9	329.9	579.8
Mississippi	198.8	74.8	135.3	329.8	492.3
West South Central	209.6	53.9	169.9	331.3	551.8
Arkansas	200.1	64.0	162.2	311.7	498.6
Louisiana	228.9	55.2	188.3	341.2	641.1
Oklahoma	210.2	54.0	169.3	345.2	535.0
Texas	205.8	51.9	165.7	328.7	541.8
Mountain	197.3	41.0	150.4	323.7	551.3
Montana	194.9	23.4	152.5	315.5	591.4
Idaho	187.3	30.4	137.6	334.8	514.7
Wyoming	187.0	46.6	114.8	291.1	594.1
Colorado	189.4	45.9	133.6	307.6	541.9
New Mexico	196.8	31.1	139.0	338.9	578.4
Arizona	209.5	51.3	175.9	320.4	562.3
Utah	165.4	39.9	128.0	267.4	448.4
Nevada	259.9	35.5	218.1	479.2	642.8
Pacific	230.3	48.4	175.5	384.2	631.7
Washington	219.1	46.6	174.0	360.5	590.7
Oregon	214.8	41.8	160.2	382.2	567.3
California	235.5	49.6	178.5	391.4	650.5
Alaska	233.0	32.0	198.5	350.7	699.8
Hawaii	184.3	50.4	139.8	305.9	476.2

*Adjusted on basis of age distribution of the United States total population, 1940.

Source of basic data: Mortality figures from Division of Vital Statistics, National Center for Health Statistics—rates computed in Statistical Bureau of the Metropolitan Life Insurance Company.

cancer of all sites combined increased sharply with age. Among males cancer death rates quadrupled between ages 35-44 and 45-54 and more than doubled with each 10-year advance at the older ages. Among women the increase with age was somewhat smaller—death rates tripled between ages 35-44 and 45-54, doubled between ages 45-54 and 55-64, and rose by about three fifths in the oldest age group.

Cancer mortality among females at ages 35-44 was highest in the East South Central States—60 deaths per 100,000. The highest rates were recorded in Mississippi (75 per 100,000) and Rhode Island (66 per 100,000), followed by the District of Columbia, Arkansas, and Kentucky (each with 64 deaths per 100,000). The lowest mortality among women—41 deaths per 100,000—occurred in the Mountain States. However, a death rate of 23 per 100,000 was recorded in Montana, while the states of Idaho, New Mexico, Alaska, Nevada, and Utah each reported fewer than 40 deaths per 100,000. Among males in the 35-44 age group, cancer death rates were somewhat lower. The highest mortality from cancer among males—55 deaths per 100,000—was found in the East South Central States, followed by the South Atlantic area with 50 deaths per 100,000. The highest rates at these ages were experienced in West Virginia (70 per 100,000), the District of Columbia (68 per 100,000), and Rhode Island (65 per 100,000). The lowest mortality in 1978 occurred in the Mountain and West North Central regions—both with rates below 40 per 100,000. The state of Wyoming reported a cancer death rate of 25 per 100,000, followed by Nebraska and Colorado, each with a rate of 29 per 100,000.

At ages 45-54, mortality from cancer was higher among males than among females in all geographic divisions except the Mountain and Pacific States. The highest mortality among men at these ages occurred in the East South Central, South Atlantic, and West South Central areas, with rates of more than 200 per 100,000. The District of Columbia reported the highest death rate—308 deaths per 100,000. Among the states, Mississippi had the highest rate—240 per 100,000. The lowest cancer death rate among men at these ages—94 per 100,000—was recorded in Utah. For women at ages 45-54 the highest mortality from cancer was reported in the Middle Atlantic, South Atlantic, and East North Central divisions, with rates of about 185 deaths per 100,000 population. The highest death rate was recorded in the District of Columbia (259 per 100,000), followed by Delaware with 235 deaths per 100,000. Both New Hampshire and Nevada reported mortality of about 220 per 100,000 population. The Mountain division, with a rate of 150 per 100,000, had the lowest mortality from cancer. Among the states, the lowest death rate (115 per 100,000) was recorded in Wyoming.

In 1978 the national death rate from cancer among males aged 55-64 was about two fifths higher than the rate among females. The heaviest mortality among males at these ages was recorded in the East South Central and South Atlantic areas, both with rates over 580 per 100,000. The highest cancer death rate—819 per 100,000 population—was experienced in the District of Columbia, while the states of Louisiana, Florida, Georgia, and Delaware reported rates of more than 600 per 100,000. The lowest rates were noted in the Mountain, West North Central, and Pacific areas, with death rates below 475 per 100,000. The states with the lowest rates were Utah (300 per 100,000) and North Dakota (359 per 100,000). Among women at these ages the highest rates—over 380 per 100,000—occurred in the Middle Atlantic, Pacific, and South Atlantic States. In the states of Nevada and Delaware, rates of 479 and 474 per 100,000, respectively, were reached. The lowest rate—324 per 100,000—was recorded in the Mountain division. Among the states the lowest rates were registered in North Dakota (237 per 100,000) and Utah (267 per 100,000).

At ages 65-74 the death rate from cancer among men was more than four fifths higher nationally than that for women. The highest cancer mortality among males at these ages occurred in the New England area—1,158 per 100,000—closely followed by the rates in the Middle Atlantic and South Atlantic divisions. The District of Columbia reported the highest death rate—1,462 per 100,000. In Vermont and Maryland death rates in excess of 1,300 per 100,000 were recorded, while Delaware reported a rate of 1,293 per 100,000 and Louisiana 1,268 per 100,000. The lowest mortality was registered in the Mountain division—

879 per 100,000. The states with the lowest rates were Utah (675 per 100,000), Hawaii (745 per 100,000), and Idaho (780 per 100,000). Among women aged 65-74 cancer death rates were highest in the Middle Atlantic region— 651 per 100,000. However, death rates in excess of 700 per 100,000 were recorded in both Delaware and Maryland. The highest rate— 817 per 100,000— was recorded in the District of Columbia. The lowest death rates among women at these ages were found in the East South Central, Mountain, and West South Central areas, all with about 550 deaths per 100,000. In Utah, Hawaii, Mississippi, and Arkansas, however, rates below 500 per 100,000 were recorded.

The increase in cancer death rates among both men and women has been due in large part to rising mortality from cancer of the respiratory system, primarily cancer of the lung. In 1978 deaths from respiratory cancer were three times more frequent among men than among women; ten years earlier mortality among males had been five times that among females. In 1968 cancer of this site was responsible for 35 percent of all cancer deaths among men aged 35-74 and for 9 percent of all such deaths among women. In 1978 respiratory cancer accounted for 40 percent of all cancer deaths among men at ages 35-74 and for 17 percent of such deaths among women at these ages.

Continued Increase in Elderly Population

For the past few decades the number of senior citizens in the United States has been increasing faster than the total population and it is expected that the proportion of elders will continue to rise in the near future. In April 1980 there were more than 25,540,000 persons aged 65 and over in the nation. The population at these ages increased by about 5,570,000, or 27.9 percent, between the 1970 and 1980 decennial censuses; there was a rise of only 11.4 percent in the total resident population during this period. Currently, persons 65 years of age or older represent 11.3 percent of the total population, compared with 9.8 percent in 1970 and 9.2 percent in 1960.

The states in the Northeast and North Central regions of the country generally reported the smallest growth rates between 1970 and 1980, while the states in the South and West recorded increases greater than the national average. As shown in the accompanying table, the eight states comprising the Mountain division experienced the largest relative increase in the number of elderly persons—53.3 percent—followed by the South Atlantic States, with a 49.3 percent increase. On the other hand, the smallest relative increases—about 16 percent—occurred in the West North Central and Middle Atlantic divisions.

In four states the increase in the older population was more than two and a half times the average for the nation as a whole. The number of elderly increased by 113.7 percent in Nevada and by 90.8 percent in Arizona. Hawaii reported the third most rapid rise, 73.3 percent, and Florida ranked fourth with an increase of 71 percent.

Florida led all states with the largest numerical increase in population aged 65 and over. Almost 700,000 more senior citizens lived in Florida in April 1980 than in 1970; currently, more than

1,680,000 elderly persons reside within the state. The large population gain in Florida can be attributed to the continued influx of retirees to the Sunshine State.

The increase in California was almost as large —623,000—so that in 1980 the state had more than 2,410,000 senior citizens. Texas had the next largest numerical gain in elderly population, followed by Pennsylvania and New York. In 1980 New York, the second most populous state in the nation, had 2,160,000 residents aged 65 and over. The older population in New York now exceeds the total population in 17 other states and in the District of Columbia. Other states with more than one million elders were Pennsylvania, Texas, Illinois, and Ohio.

In California and Florida the majority of the senior citizens reside in the southernmost developed areas of each state. In southern California, the number of elders rose by nearly one third in the four large standard metropolitan statistical areas (SMSAs) as a group. Specifically, in the Los Angeles-Long Beach area (the largest of the California SMSAs) the number of persons 65 years of age or older increased from 652,000 in 1970 to 743,000 in 1980, or by one seventh. In San Diego the number of elders rose by more than three fifths, reflecting an increase from 73,000 to 191,000. In the Riverside-San Bernardino-Ontario SMSA, the number of older persons increased by half, while the number of older residents in the Anaheim-Santa Ana-Garden Grove SMSA rose by two thirds. The increase of about 60,000 elders in each of these areas brought the population of senior citizens in Riverside-San Bernardino-Ontario to 189,000 and that in Anaheim-Santa Ana-Garden Grove to 161,000.

In Florida almost half of the state's population aged 65 and over resided in just three SMSAs—336,000 in Tampa-St. Petersburg, 255,000 in Miami, and 224,000 in Fort Lauderdale-Hollywood. The proportion of senior citizens in the total population in these three southern Florida SMSAs was higher than the proportion in any of the nation's SMSAs with a total population of one million or more. In the Tampa-St. Petersburg and Fort Lauderdale-Hollywood SMSAs, the elderly accounted for more than 20 percent of the total population of these areas, and for 16 percent of all residents in the Miami SMSA. In another popular retirement area—the Phoenix, Arizona, SMSA—senior citizens made up almost 12 percent of the population.

Among SMSAs with a total population of one million or more in 1980, Houston, Texas, had the smallest proportion of elderly—just 6 percent. An examination of the SMSAs with four million or more residents indicates that persons 65 and over accounted for 13 percent of the population in New York, 12 percent in Philadelphia, and 10 percent in Los Angeles-Long Beach, Chicago, and Detroit.

Between the 1970 and 1980 decennial censuses, the proportion of the population aged 65 and over increased in every state except Wyoming. Florida has by far the largest proportion of elders —17.3 percent—up from 14.5 percent in 1970 and 11.2 percent in 1960. Arkansas had the next highest proportion (13.7 percent), followed by Rhode Island (13.4 percent). Also registering a high proportion of older residents were five of the seven states in the West North Central division —Iowa, Missouri, South Dakota, Nebraska, and Kansas—where the proportion of elders was 13.0 percent or more.

Although there has been a significant increase nationally in the older population during the past decade, the Mountain States as a group still continued to record the smallest proportion of aged persons—9.3 percent. In Wyoming the proportion of older persons declined from 9 percent of the total population in 1970 to 7.9 percent in 1980 as a consequence of the migration into the state during the 1970s of a large number of young people who helped to develop the state's energy resources. To some extent, such an influx of younger people into neighboring Colorado and Utah accounted for the small increase in the proportion of elders in these states. Although the proportion of elders in Alaska increased slightly during the past 10 years, the number of senior citizens in the state is quite small.

During the past decade, the number of elderly women has continued to increase faster than the number of elderly men. This is a reflection of the more favorable survival rates among women throughout the life cycle. Of the 25.5 million persons in the United States who were 65 years of

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age or older in 1980, 10.3 million were men, and 15.2 million were women. There were almost five million more elderly women than men in 1980, compared with a three and a quarter million difference in 1970. The ratio of elderly men per 100 women (sex ratio) was 67.7 in 1980, 72.2 in 1970, and 82.8 in 1960.

In the nine geographic divisions of the United States in 1980, the sex ratio was highest in the Mountain area and lowest in New England. Among the states, only Hawaii had more elderly men than women, while the number of senior citizens of each sex in Alaska was almost the same. In Nevada, Idaho, and Arizona the sex ratio was considerably above the national average of 67.7 men per 100 women, while the ratio of elderly men to women was below 60 in the District of Columbia and in Massachusetts.

Accident Mortality at the Older Ages

About 23 percent of all accidental deaths in the United States occur among persons aged 65 or older, although only 11 percent of the population is in this age group. Accidents are responsible for about 24,000 deaths each year among the elderly and constitute one of the leading causes of death among them, outranked only by the major cardiovascular diseases, malignant neoplasms, and pneumonia. Mortality from accidents at ages 65 and over is considerably higher among men than among women and is also higher among nonwhite men than among white men. However, the mortality from accidents is lower among nonwhite women at these ages than among white women.

As shown in Table 1 on page 11, the death rate from accidents among men 65 years of age or older decreased from 177.7 per 100,000 population in 1968-69 to 130.4 in 1977-78, or by 27 percent. The decrease was of about the same order for both white and nonwhite men. During the same period, the death rate from accidents among women at these ages decreased by about 34 percent, falling from 122.7 to 81.5 per 100,000. The degree of improvement was about the same for both white and nonwhite women.

The sex differential in mortality from accidents among older persons widened considerably between 1968-69 and 1977-78. In 1968-69 the death rate from accidents among men was about 45 percent greater than the death rate among women. A decade later, the death rate among men was 60 percent higher than the corresponding rate among women. The ratio of white to nonwhite accident mortality among older men was the same in both periods, with the death rate for nonwhite men exceeding that for white men by about 17 percent. Nonwhite women at these ages continued to experience lower mortality from accidents than did white women; the difference widened slightly, however, from 12 percent in 1968-69 to 15 percent in 1977-78.

Table 2 presents detailed data on the mortality experience among elderly people by age, sex, and type of accident. In 1977-78 the death rate from accidents among older people rose sharply with advancing age. The death rate of 214.3 per 100,000 among men aged 75 or older was about 2.5 times the rate of 87.7 recorded among those aged 65-74. Among women the death rate at ages 75 and over (140.5 per 100,000) was 3.5 times that at ages 65-74 (40.9). The sex differential in mortality from accidents also changed with age. At ages 65-74 the death rate among men was more than twice the rate among women; at 75 and

TABLE 1—MORTALITY FROM ACCIDENTS AT AGES 65 AND OVER

United States, 1968-69 and 1977-78

Sex and Race	Death Rate per 100,000 1968-69	1977-78	Percent Change
Total	146.2	101.4	−31
White	145.8	101.1	−31
All other	151.1	104.4	−31
Men	177.7	130.4	−27
White	175.4	128.3	−27
All other	203.4	149.8	−26
Women	122.7	81.5	−34
White	123.8	82.6	−33
All other	108.6	70.4	−35

Source of basic data: Reports of the Division of Vital Statistics, National Center for Health Statistics.

over the rate for men was 50 percent greater than that for women.

Seventy percent of all deaths from falls in 1977-78 occurred among the elderly. As shown in Table 2, falls were by far the leading cause of accidental death at ages 65 and over, accounting for one fifth of all accidental deaths among men at ages 65-74 and for more than two fifths of the total at ages 75 and over. The proportions were even larger for women—nearly one fourth at ages 65-74 and three fifths at the later ages. Among men, the death rate from falls at ages 75 and over was five times the rate at ages 65-74; among women the rate was nine times greater at the later ages. This sharp rise with age may be attributed to the physiological changes associated with aging, which produce a greater susceptibility to falls among older people. The elderly are also more likely to sustain more serious injuries and to encounter a greater number of medical complications.

Motor vehicle accidents ranked second among the leading causes of accidental death among persons aged 65 and over. At ages 65-74, however, such accidents outranked every other type and were responsible for about one third of the total accident mortality among both men and women at these ages. Unlike the mortality from falls, which rose rapidly with advancing age, the death rate from motor vehicle accidents recorded only a moderate increase with age. Pedestrians were the victims in about a quarter of the motor vehicle accidents at ages 65-74; at ages 75 and over, pedestrians accounted for about a third of the fatalities.

Fires and flames were the third leading cause of accidental death among the elderly. The death rates from such accidents were appreciably higher among men than among women and increased with age. Among men the mortality in 1977-78 rose from 7.5 per 100,000 at ages 65-74 to 14.8 at ages 75 and over. Among women the death rate from fires (8.3 per 100,000) at ages 75 and over was more than double the rate at ages 65-74 (4.0 per 100,000). The infirmities of age and decreased agility make older people particularly vulnerable to fire hazards.

The inhalation and ingestion of food or other

TABLE 2—MORTALITY FROM LEADING TYPES OF ACCIDENTS AT AGES 65 AND OVER

United States, 1977-78

Type of Accident	Average Annual Death Rate per 100,000		
	Ages 65 and Over	Ages 65-74	Ages 75 and Over
Men			
Accidents—All Types	130.4	87.7	214.3
Falls	42.6	17.5	91.8
Motor vehicle	36.9	30.3	49.8
Pedestrian	11.5	8.1	18.1
Fires and flames	10.0	7.5	14.8
Inhalation and ingestion of food or other object	6.2	4.1	10.4
Drowning*	2.9	2.7	3.4
Poisoning by solids and liquids	1.8	1.5	2.5
Drugs and medicaments	1.2	.8	1.9
Women			
Accidents—All Types	81.5	40.9	140.5
Falls	39.7	9.6	83.3
Motor vehicle	16.0	14.3	18.5
Pedestrian	4.8	3.6	6.4
Fires and flames	5.8	4.0	8.3
Inhalation and ingestion of food or other object	4.1	2.4	6.6
Poisoning by solids and liquids	1.6	1.4	1.8
Drugs and medicaments	1.3	1.1	1.6
Drowning*	1.0	.7	1.4

*Exclusive of deaths in water transportation.
Source of basic data: Reports of the Division of Vital Statistics, National Center for Health Statistics.

objects causing obstruction, drowning, and poisoning by solids and liquids were also responsible for a significant number of deaths among the aged. The mortality from such accidents was generally higher among men than among women.

Data compiled by the U.S. National Health Survey also illustrate the magnitude and severity of the accident problem among the elderly. Such data indicated that in 1980 about 4,020,000 persons aged 65 and over suffered injuries that required medical attention or at least one day of restricted activity. About one out of every six persons aged 65 or older sustained a fairly serious injury during the year, often with considerable physical and psychological trauma. Many accidents among the elderly could be prevented and the devastating effects of others could be reduced if safety measures that take into account the special problems associated with aging were instituted.

Regional Variations in Office Visits to Physicians

Westerners visit physicians more frequently than do persons in other geographic regions of the nation. The fewest visits are made by those living in the North Central region and the South. Furthermore, inhabitants of metropolitan areas are more likely to visit a doctor's office than are residents of nonmetropolitan areas. These findings are based on data collected by the National Ambulatory Medical Care Survey, 1977-78.

As may be seen from the table on page 14, all persons as a group in the conterminous United States averaged 2,644 office visits annually per 1,000 population in 1977-78. The highest rate—3,064 visits per 1,000—was recorded in the West; this was about 25 percent higher than the rates reported in the North Central region (2,489 per 1,000) and in the South (2,515 per 1,000). Residents of the Northeast averaged 2,699 visits per 1,000.

In the four geographic regions of the United States (excluding Alaska and Hawaii), more than half of all office visits to physicians were made because of a physical complaint or symptom. The proportion of such office visits was much the same in each region, ranging from 56 percent in the North Central area to about 60 percent in the other three regions. The initial visit is usually prompted by one or more symptoms to which the physician attaches a tentative diagnosis, based on medical history, physical examination, and/or laboratory tests. In the aggregate, each person in the nation made an average of about 1.5 office visits annually to a physician because of these reasons; the average varied from 1.8 such visits in the West to 1.4 visits in the North Central region.

In every region, respiratory symptoms—mainly throat problems and cough—led in frequency as reasons for consulting physicians, followed by symptoms related to the musculoskeletal system, and general symptoms. (General symptoms include those to which no body part or system can be assigned, e.g., bleeding or fatigue, or symptoms that manifest themselves in more than one body system.) In the aggregate, slightly more than half of all visits to physicians—where symptoms prompted the call—were made because of problems relating to one of the aforementioned categories. Office visits for respiratory symptoms were most frequent in the West—328 per 1,000—and least frequent in the South—283 per 1,000.

Diagnostic, screening and preventive procedures, the second most common reason for contacting physicians, accounted for an average of 499 visits per 1,000 population per year nationwide. The frequency rate was highest in the West (545 per 1,000) and lowest in the South (454 per 1,000). In the Northeast, the leading subclassification of such visits was general examinations, mainly general medical examinations (210 per 1,000). Special examinations, largely routine prenatal examinations, were most frequent in the other regions of the country.

Diseases in the aggregate accounted for about 236 office visits annually per 1,000 population, or about one eleventh of all such visits. The highest rate was recorded in the West, 280 per 1,000, which was more than a third higher than the 207 visits per 1,000 registered in the North Central region. Nearly a fourth of all visits—where dis-

OFFICE VISITS TO PHYSICIANS
United States, 1977-78

Principal Reason for Visit	Location of Physician's Practice						
	All Locations	Geographic Region				Area	
		Northeast	North Central	South	West	Metropolitan	Non-metropolitan
	Average Annual Rate of Office Visits per 1,000 Population						
All Visits*	2,643.7	2,698.9	2,488.9	2,515.4	3,063.6	2,894.1	2,105.4
All Symptoms	1,530.2	1,582.1	1,400.7	1,464.4	1,795.3	1,680.4	1,208.4
General symptoms	222.2	223.3	196.2	226.3	254.9	240.4	183.3
Symptoms referable to psychological and mental disorders	72.9	105.3	49.6	62.1	87.2	93.9	27.4
Symptoms referable to nervous system	87.9	93.9	80.1	85.3	97.4	95.9	70.8
Symptoms referable to eyes and ears	156.1	168.0	135.1	140.6	203.0	169.6	127.3
Symptoms referable to respiratory system	297.5	311.7	284.2	283.3	328.0	313.2	264.1
Symptoms referable to digestive system	130.1	128.6	122.5	129.5	145.6	136.7	116.1
Symptoms referable to genitourinary system	139.1	130.1	126.8	133.8	180.6	154.9	105.1
Symptoms referable to skin, nails, and hair	151.1	150.3	143.8	140.8	183.4	169.9	110.7
Symptoms referable to musculoskeletal system	256.8	254.3	244.3	246.4	300.5	287.7	190.5
All Diseases†	236.4	253.1	206.7	226.5	280.2	265.1	175.0
Diseases of circulatory system	57.8	74.7	48.4	52.3	60.8	63.4	45.8
All Diagnostic, Screening, and Preventive Procedures	499.1	531.0	498.9	454.2	545.2	544.6	402.0
General examinations	172.0	210.0	171.5	156.9	152.8	190.8	131.8
Special examinations	186.6	182.4	178.6	184.6	209.6	204.1	149.3
Diagnostic tests	97.9	99.9	114.4	78.0	107.5	100.8	91.7
All Treatments	204.6	199.5	188.6	199.3	242.8	231.8	143.8
Medications	51.6	62.3	51.5	48.7	43.4	55.0	44.4
Preoperative and postoperative care	75.8	62.6	64.9	78.4	101.1	88.5	46.1
Other Reasons	173.4	133.2	194.0	171.0	200.1	172.2	176.2
Injuries and adverse effects	113.8	80.8	124.4	118.6	132.7	112.6	116.7

*Including visits where the reason cannot be determined.
†Excludes congenital anomalies and perinatal conditions.
Source of basic data: National Ambulatory Medical Care Survey, National Center for Health Statistics.

ease was given as the reason for the visit—were connected with diseases of the circulatory system. About two thirds of such visits were for hypertension.

Treatment (such as medication, preoperative or postoperative care, therapy, or counseling) was infrequently cited as the reason for visiting a physician. The annual rate of such visits in the West was 243 per 1,000, compared with fewer than 200 visits per 1,000 in the other regions of the nation. Much of the reason for the higher rate in the West can be attributed to the greater amount of preoperative and postoperative care in that part of the United States.

Visits prompted by injuries and adverse effects were among other reasons for consulting a physician, as were visits to obtain the results of tests, or for examinations needed for employment, school, or marriage. Of these, the most frequently cited reason for the visit was injuries and adverse effects. Nationwide, 114 persons per 1,000 visited physicians annually for these problems, the rates ranging from 81 visits per 1,000 in the Northeast to 133 per 1,000 in the West.

Residents of metropolitan areas visited physicians more often than did residents of nonmetropolitan areas. Those living in metropolitan areas averaged 2,894 visits per 1,000 in 1977-78, about 40 percent more than the 2,105 rate per 1,000 recorded by those in nonmetropolitan areas. Similarly, in every classification shown in the table except injuries and adverse effects, a greater number of visits were recorded among residents of metropolitan areas than among those in nonmetropolitan areas.

The high rates of office visits in the West and in metropolitan areas may be accounted for in part by the greater number of physicians in these locations. When visits are measured by the number of physicians practicing in the region, the opposite picture emerges—see chart on back page. The West, which had the highest rate per 1,000 population, had the lowest average number of office visits per physician—about 2,320—compared with about 2,380 per 1,000 in the Northeast, 2,740 in the North Central region, and 2,690 in the South. On the same basis, the rate in metropolitan areas was about 2,250 visits per 1,000 versus 3,910 visits in nonmetropolitan areas.

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RESIDENT POPULATION AT AGES 65 AND OVER
United States, 1960 to 1980*

Area	Number 1980	Increase 1970-80 Number	Increase 1970-80 Percent	Ratio Males per 100 Females 1970	Ratio Males per 100 Females 1980	Percent of All Ages 1960	Percent of All Ages 1970	Percent of All Ages 1980
United States	25,544,133	5,571,803	27.9	72.2	67.7	9.2	9.8	11.3
New England	1,520,368	256,084	20.3	65.5	62.1	10.7	10.7	12.3
Maine	140,918	26,784	23.5	71.1	66.3	11.0	11.5	12.5
New Hampshire	102,967	24,883	31.9	69.1	64.8	11.2	10.6	11.2
Vermont	58,166	10,840	22.9	69.1	66.2	11.2	10.6	11.4
Massachusetts	726,531	93,147	14.7	62.7	59.4	11.1	11.1	12.7
Rhode Island	126,922	23,086	22.2	65.8	60.7	10.4	10.9	13.4
Connecticut	364,864	77,344	26.9	67.9	65.0	9.6	9.5	11.7
Middle Atlantic	4,551,347	640,005	16.4	70.0	64.7	9.9	10.5	12.4
New York	2,160,558	209,227	10.7	69.8	63.7	10.1	10.7	12.3
New Jersey	859,682	166,179	24.0	69.3	65.3	9.2	9.7	11.7
Pennsylvania	1,531,107	264,599	20.9	70.7	65.9	10.0	10.7	12.9
East North Central	4,492,571	699,334	18.4	72.7	66.9	9.3	9.4	10.8
Ohio	1,169,437	176,318	17.8	70.9	65.4	9.2	9.3	10.8
Indiana	585,425	93,766	19.1	70.7	66.0	9.6	9.5	10.7
Illinois	1,261,160	172,416	15.8	70.3	65.3	9.7	9.8	11.0
Michigan	912,321	163,240	21.8	77.0	69.1	8.2	8.4	9.9
Wisconsin	564,228	93,594	19.9	77.7	71.1	10.2	10.7	12.0
West North Central	2,198,749	289,319	15.2	73.9	67.9	11.2	11.7	12.8
Minnesota	479,746	72,290	17.7	77.1	69.6	10.4	10.7	11.8
Iowa	387,498	38,285	11.0	72.1	66.6	11.9	12.4	13.3
Missouri	648,289	89,915	16.1	71.1	65.8	11.7	11.9	13.2
North Dakota	80,447	14,288	21.6	88.0	79.0	9.3	10.7	12.3
South Dakota	91,014	10,740	13.4	83.1	73.2	10.5	12.0	13.2
Nebraska	205,576	22,951	12.6	74.3	68.2	11.6	12.3	13.1
Kansas	306,179	40,850	15.4	71.6	66.7	11.0	11.8	13.0
South Atlantic	4,363,492	1,441,126	49.3	72.9	68.7	8.1	9.5	11.8
Delaware	59,284	15,635	35.8	68.5	65.0	8.0	8.0	10.0
Maryland	395,594	97,382	32.7	67.9	64.7	7.3	7.6	9.4
District of Columbia	74,202	3,884	5.5	59.5	58.0	9.1	9.3	11.6
Virginia	505,204	141,048	38.7	68.8	65.1	7.3	7.8	9.4
West Virginia	237,868	44,151	22.8	79.2	70.0	9.3	11.1	12.2
North Carolina	602,273	190,393	46.2	69.6	64.8	6.9	8.1	10.3
South Carolina	287,287	97,445	51.3	65.7	63.5	6.3	7.3	9.2
Georgia	516,808	151,482	41.5	64.5	62.3	7.4	8.0	9.5
Florida	1,684,972	699,706	71.0	82.7	76.0	11.2	14.5	17.3
East South Central	1,656,672	393,336	31.1	73.5	67.7	8.7	9.9	11.3
Kentucky	409,853	73,934	22.0	75.7	69.4	9.6	10.4	11.2
Tennessee	517,524	135,503	35.5	72.2	66.9	8.7	9.7	11.3
Alabama	439,938	115,675	35.7	71.1	66.4	8.0	9.4	11.3
Mississippi	289,357	68,224	30.9	76.1	68.8	8.7	10.0	11.5
West South Central	2,463,352	635,464	34.8	73.6	68.8	8.4	9.5	10.4
Arkansas	312,331	75,631	32.0	80.6	73.6	10.9	12.3	13.7
Louisiana	403,939	98,930	32.4	71.3	66.6	7.4	8.4	9.6
Oklahoma	376,042	77,368	25.9	73.1	67.6	10.7	11.7	12.4
Texas	1,371,040	383,535	38.8	72.9	68.7	7.8	8.8	9.6
Mountain	1,060,366	368,467	53.3	81.9	76.5	7.7	8.4	9.3
Montana	84,559	16,080	23.5	86.1	77.4	9.7	9.9	10.7
Idaho	93,680	26,263	39.0	86.5	82.2	8.7	9.5	9.9
Wyoming	37,218	7,142	23.7	87.2	76.4	7.8	9.0	7.9
Colorado	247,261	60,247	32.2	73.3	68.7	9.0	8.5	8.6
New Mexico	115,690	45,485	64.8	84.7	76.7	5.4	6.9	8.9
Arizona	306,971	146,090	90.8	85.8	80.3	6.9	9.1	11.3
Utah	109,220	32,173	41.8	78.0	74.0	6.7	7.3	7.5
Nevada	65,767	34,987	113.7	97.7	85.3	6.4	6.3	8.2
Pacific	3,237,216	848,668	35.5	72.5	70.4	8.8	9.0	10.2
Washington	431,417	111,023	34.7	76.0	71.6	9.8	9.4	10.4
Oregon	303,284	77,528	34.3	79.2	74.3	10.4	10.8	11.5
California	2,414,755	623,140	34.8	70.4	68.8	8.8	9.0	10.2
Alaska	11,530	4,730	69.6	127.2	99.5	2.4	2.3	2.9
Hawaii	76,230	32,247	73.3	101.3	101.3	4.6	5.7	7.9

*As of April 1 of each year.

Source of basic data: Decennial censuses of 1960, 1970, and 1980.

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MORTALITY FROM SUICIDE

United States General Population, 1968-69 to 1978-79
Metropolitan Life Insurance Company Standard Ordinary Policyholders, 1970-71 to 1980-81

United States General Population

Age	Death Rate per 100,000				Percent Change	
	1968-69		1978-79			
	Male	Female	Male	Female	Male	Female
All Ages*	16.6	6.4	18.4	6.1	11	— 5
15-24	11.6	3.6	20.2	4.8	74	33
25-34	17.7	7.5	25.8	7.9	46	5
35-44	21.9	11.3	21.9	9.7	—	—14
45-54	27.1	12.4	23.1	11.0	—15	—11
55-64	33.4	10.9	26.4	9.7	—21	—11
65-74	34.9	8.5	32.3	7.7	— 7	— 9
75 and over	44.0	6.3	47.4	6.6	8	5

Metropolitan Standard Ordinary Policyholders

Age	Death Rate per 100,000				Percent Change	
	1970-71		1980-81			
	Male	Female	Male	Female	Male	Female
All Ages*	9.2	4.6	10.3	3.8	12	—17
15-24	6.8	2.7	15.8	5.5	132	104
25-34	10.1	4.3	12.3	3.6	22	—16
35-44	11.2	7.6	11.7	4.5	5	—41
45-54	15.3	8.6	11.4	4.7	—26	—45
55-64	17.2	9.7	12.5	5.8	—27	—40
65-74	22.5	6.8	18.4	8.5	—18	25
75 and over	23.0	†	23.3	†	1	†

*Adjusted on basis of age distribution of the United States total population, 1940.
†Fewer than 10 deaths; rate not computed.

Source of basic data: Reports of the Division of Vital Statistics, National Center for Health Statistics.

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Recent Trends in Suicide

Deaths from suicide in the United States increased from 22,364 in 1969 to 27,206 in 1979, a rise of about 22 percent. Ranked 11th among the leading causes of death in the nation in 1969, suicide is currently in 10th place, with a mortality rate of 12.4 per 100,000 population.

The actual toll from suicide is probably higher because many self-inflicted deaths are not recorded as such. It is difficult in some cases to determine whether the death was actually due to an accident or to suicide. There is also some reluctance to attribute deaths to suicide because of the social stigma attached to such deaths. Nevertheless, in 1978-79 the average annual age-adjusted death rate from suicide among men and women in the general population of the United States reached 12.0 per 100,000, or about 11 percent more than that registered 10 years earlier. Among insured lives, the mortality from suicide rose to 7.9 per 100,000, an increase of 3 percent during the period from 1970-71 to 1980-81. The insured men and women in this study were drawn chiefly from the urban middle class and were considered to be in good health at the time their insurance was issued. The men and women in the general population included a large proportion of persons at the lower socioeconomic levels, as well as some in poor health.

The table on page 2 presents detailed data on mortality from suicide in the general population and among Standard Ordinary policyholders of the Metropolitan Life Insurance Company. Average annual death rates for selected age groups and for all ages combined are shown for 1968-69 and 1978-79 for the general population, and for 1970-71 and 1980-81 for insured persons, with the percent change computed for the 10-year period. The death rates at all ages combined have been age adjusted to allow for changes in the age composition of the population; such standardization permits a more meaningful comparison of mortality trends.

Among males in the general population the death rate from suicide was 18.4 per 100,000 at all ages combined in 1978-79, or 11 percent more than the rate recorded 10 years earlier. During the 10-year period, suicide rates increased among males aged 15-34 and among those aged 75 and over, declined at ages 45-74, and remained the same at ages 35-44. The greatest increase in suicide rates was that recorded at ages 15-24 (74 percent), followed by a 46-percent increase at ages 25-34. Among males aged 15-34, suicide ranked third among the leading causes of death in 1979, after accidents and homicide. Suicide rates declined by 15 percent at ages 45-54, by 21 percent at ages 55-64, and by 7 percent at ages 65-74. At ages 75 and over, however, the suicide rate rose by 8 percent.

Suicide rates among male Standard Ordinary policyholders were generally about half the rates among males in the general population. The death rate from suicide at all ages combined among the insured men was 10.3 per 100,000 in 1980-81, or 12 percent more than the rate in 1970-71. Between 1970-71 and 1980-81, suicide rates among insured men rose at ages 15-44 and at ages 75 and over. The largest increase (132 percent) occurred at ages 15-24, followed by an increase of 22 percent at ages 25-34. Death rates from suicide declined among male policyholders at ages 45-74, with the decreases ranging from 18 percent at ages 65-74 to 27 percent at ages 55-64.

Death rates from suicide among women in the general population averaged 6.1 per 100,000 at

all ages combined in 1978-79, or 5 percent less than the average rate in 1968-69. Suicide rates among women in the general population increased at ages 15-34 and at ages 75 and over, but declined at ages 35-74. As was the case for men, the greatest rise in death rates among women occurred at ages 15-24—up by a third. There was an increase of 5 percent in the rates at ages 25-34. In 1979, suicide was the third leading cause of death among women aged 15-34. Suicide rates declined by 14 percent at ages 35-44, by 11 percent at ages 45-64, and by 9 percent at ages 65-74. At ages 75 and over, suicide rates increased by 5 percent.

The suicide rates among women in the general population were considerably lower than the rates among men for every age group shown. In 1978-79 the lowest death rate from suicide among males was 84 percent greater than the highest rate among females. The sex differential widened steadily after age 35. At ages 35-44, the suicide rate among males was 21.9 per 100,000, more than double the rate of 9.7 per 100,000 among females; at ages 75 and over, the rate among males (47.4 per 100,000) was about seven times higher than that among females.

Among women insured under Standard Ordinary policies of Metropolitan Life, suicide rates at all ages combined averaged 3.8 per 100,000 in 1980-81 or 17 percent less than in 1970-71. The death rates from suicide among insured women were generally lower than the rates among women in the general population. At ages 15-24, the suicide rate among insured women increased from 2.7 per 100,000 in 1970-71 to 5.5 per 100,000 in 1980-81, an increase of 104 percent. During the same period the rate at ages 65-74 rose by a quarter—from 6.8 per 100,000 to 8.5 per 100,000. Suicide rates among insured women declined, however, by 16 percent at ages 25-34 and by more than 40 percent at ages 35-64.

Suicide attempts are more frequent among women than among men, but men are more likely to complete the act. Men usually select more violent methods (such as shooting and hanging) while women are more likely to choose poisons or barbiturates. Among those who committed suicide in 1979, the latest year for which data on methods of suicide are available, firearms and explosives were used by 64 percent of the men and 38 percent of the women, hanging by 14 percent of the men and 11 percent of the women, poisonous substances by 7 percent of the men and 28 percent of the women, and poisonous gases by 8 percent of the men and 11 percent of the women.

There has been a significant increase in suicide among teenagers. During the past decade, death rates from suicide at ages 15-19 rose by more than 60 percent among males in the general population and by more than 30 percent among females. Factors that precipitate suicide among teenagers are unhappiness at home, failure in school, and increased social pressures. As many of these adolescents show signs of depression or make suicidal gestures prior to a suicide attempt, some deaths could be averted if such symptoms were recognized and received prompt attention.

COMING...

1983 METROPOLITAN HEIGHT AND WEIGHT TABLES

An article describing the long-awaited updating of Metropolitan's 1959 desirable weight table will appear in the next issue of the Statistical Bulletin.

Characteristics of Office Visits to Physicians

During the two-year period 1977-78, males in the United States made more than 460 million visits to physicians, an average of more than two visits yearly per person. Females made nearly 700 million such visits, or about three visits per person each year. These findings are based on data from the National Ambulatory Medical Care Survey, 1977-78.

Detailed data on selected characteristics of the survey of visits to physicians in the conterminous United States are shown in Table 1 for males and Table 2 for females. Data on other aspects of these physician-patient encounters have appeared in earlier reports.*

More office visits were made to physicians in general and family practice than to physicians in any other specialty. About three eighths of all visits made by both male and female patients were to physicians in this specialty. Visits to physicians specializing in obstetrics or gynecology ranked second in number of office visits among females (15 percent). Among male patients, visits to pediatricians (13 percent) were second; this was the only specialty where more visits were recorded for males than for females. A substantial number of visits to specialists in internal medicine and general surgery were also recorded.

The vast majority of visits to physicians were attributed to old problems; about 60 percent of all visits by both male and female patients fell into this category. New patients accounted for about 15 percent of all visits and about 25 percent were related to new problems detected in patients previously seen by the physician. Most of the new problems presented to physicians were of recent origin. About half of all complaints based on specific symptoms had arisen less than a week prior to visiting the physician—52 percent among females and 50 percent among males. An additional one in six visits pertained to symptoms that were of one to three weeks' duration. Fewer than one in six patients with specific symptoms waited longer than three months before consulting a physician.

In the judgment of attending physicians, somewhat more than half of all female patients in the study were considered to have a condition that was not serious; among male patients slightly less than half were considered not seriously ill. Only about 20 percent of the male patients and about 15 percent of the female patients were deemed seriously ill. Although male patients included a somewhat higher *proportion* of those found to be seriously ill, the largest *number* of seriously ill patients were female.

To aid the physician, one or more diagnostic services were generally employed. Foremost among these services was a physical examination and/or history limited to one specific body site or system; this service was provided in about three fifths of all visits. Also relatively frequent were

*See also Apr-Jun 1982 and Jul-Sep 1982 issues of the *Statistical Bulletin*.

TABLE 1—OFFICE VISITS TO PHYSICIANS

Males, United States, 1977-78

Characteristic	Number of Visits (in millions)	Principal Reason for Visit*					
		All Visits	Symptoms	Diseases	Procedures†	Treatments	Injuries and Adverse Effects
		Percent Distribution					
Physician specialty							
General and family practice	175	100	60.5	8.3	11.7	5.0	7.7
Internal medicine	56	100	50.5	16.0	18.4	3.6	1.7
Pediatrics	60	100	54.8	6.1	25.7	6.7	2.9
General surgery	29	100	46.4	13.9	4.2	17.3	11.4
Prior visit status							
New patient	75	100	63.7	7.0	8.4	2.9	9.6
Old patient, new problem	115	100	72.2	3.8	7.8	2.5	8.5
Old patient, old problem	270	100	49.1	12.5	16.1	11.4	4.6
Seriousness of condition							
Serious	97	100	53.3	15.2	10.1	10.5	5.0
Slightly serious	151	100	63.7	10.0	8.6	6.5	7.1
Not serious	212	100	54.4	6.4	16.9	7.5	6.4
Diagnostic service							
None	52	100	44.2	6.9	9.4	27.5	5.8
Limited exam/history	271	100	63.9	10.1	7.6	6.1	7.9
General exam/history	100	100	50.2	7.7	26.1	2.2	2.5
Clinical lab test	84	100	52.0	12.7	20.4	2.8	.7
X-ray	46	100	60.0	5.5	11.1	2.6	15.3
EKG	20	100	47.7	11.8	29.7	1.2	.7
Blood pressure check	124	100	52.2	12.9	19.7	3.3	2.4
Other services	46	100	51.7	8.4	21.2	6.1	4.0
Therapeutic service							
None	87	100	40.5	9.3	17.9	8.4	7.7
Immunization	39	100	25.4	5.1	35.4	20.3	5.1
Drugs	236	100	71.6	11.0	8.1	2.7	3.6
Diet/counseling	119	100	55.9	12.0	17.9	4.5	4.2
Office surgery	43	100	46.9	6.0	3.3	16.7	24.7
Other services	54	100	64.4	6.3	7.2	12.4	5.9
Duration of visit							
No face to face contact	12	100	28.1	5.9	25.7	32.0	4.5
Under 6 minutes	72	100	52.4	8.8	9.9	14.0	8.9
6-10 minutes	138	100	60.4	9.4	11.6	5.8	6.7
11-15 minutes	121	100	58.8	10.5	13.4	5.1	5.5
16-30 minutes	90	100	58.3	9.8	13.5	5.0	6.0
31 or more minutes	28	100	55.6	7.0	15.4	12.4	3.4
Disposition of visit							
No follow-up	61	100	47.9	4.8	13.9	6.1	8.6
Return at specified time	265	100	50.6	11.7	16.0	10.2	6.1
Return if needed	106	100	73.8	6.4	6.7	4.0	5.9
Telephone follow-up	15	100	79.6	7.6	7.3	1.2	3.2
Other dispositions	30	100	69.3	12.5	10.8	5.3	5.0

*Excludes congenital anomalies under diseases, progress visits NEC under treatments, and injuries NOS under injuries and adverse effects.
†Diagnostic, screening, and preventive procedures.

Source of basic data: National Ambulatory Medical Care Survey.

TABLE 2—OFFICE VISITS TO PHYSICIANS

Females, United States, 1977-78

Characteristic	Number of Visits (in millions)	Principal Reason for Visit*					
		All Visits	Symptoms	Diseases	Procedures†	Treatments	Injuries and Adverse Effects
		Percent Distribution					
Physician specialty							
General and family practice	259	100	61.3	7.9	18.1	4.9	3.4
Internal medicine	77	100	58.9	14.5	16.1	3.5	1.3
Pediatrics	55	100	55.9	5.2	28.5	5.2	2.1
General surgery	40	100	53.0	11.9	8.1	17.3	4.2
Obstetrics and gynecology	103	100	26.4	3.4	59.8	7.0	.2
Prior visit status							
New patient	99	100	66.8	5.6	16.8	2.8	4.0
Old patient, new problem	170	100	71.6	3.9	14.1	2.7	4.3
Old patient, old problem	426	100	46.4	9.9	26.4	10.2	1.8
Seriousness of condition							
Serious	116	100	56.7	14.6	10.4	10.3	2.7
Slightly serious	211	100	65.5	9.7	11.9	6.1	3.4
Not serious	367	100	49.5	5.2	31.5	7.1	2.4
Diagnostic service							
None	69	100	49.3	5.8	10.3	25.7	2.4
Limited exam/history	411	100	60.0	8.7	18.6	6.2	3.4
General exam/history	152	100	50.0	6.5	34.5	2.2	1.3
Pap test	59	100	28.1	3.0	63.5	1.4	.2
Clinical lab test	160	100	47.6	8.8	35.4	2.5	.4
X-ray	47	100	65.6	6.2	12.2	2.7	10.2
EKG	18	100	56.2	10.6	23.9	2.1	.7
Blood pressure check	265	100	47.9	8.9	34.0	3.7	1.1
Other services	66	100	51.2	9.1	25.8	6.4	1.5
Therapeutic service							
None	137	100	34.9	7.4	38.3	8.3	3.3
Immunization	44	100	31.3	5.8	34.6	16.8	3.6
Drugs	373	100	69.0	9.4	13.3	3.9	1.7
Diet/counseling	194	100	53.8	9.4	25.8	5.4	2.0
Office surgery	47	100	53.9	7.5	8.6	16.3	11.0
Psychotherapy	39	100	64.9	4.1	12.3	14.1	1.1
Other services	54	100	54.2	4.2	28.2	6.5	3.9
Duration of visit							
No face to face contact	21	100	36.2	6.8	21.1	27.0	1.7
Under 6 minutes	101	100	49.9	7.3	24.0	11.5	3.5
6-10 minutes	203	100	57.0	8.4	22.1	6.2	3.0
11-15 minutes	190	100	56.5	9.2	21.8	5.1	2.6
16-30 minutes	142	100	57.5	8.0	22.8	4.8	2.5
31 or more minutes	38	100	62.3	5.8	15.2	11.6	1.4
Disposition of visit							
No follow-up	68	100	53.2	4.7	21.0	6.0	4.9
Return at specified time	435	100	48.1	9.6	27.2	8.7	2.4
Return if needed	154	100	70.9	6.0	12.9	4.8	2.8
Telephone follow-up	24	100	75.7	4.8	13.3	1.7	1.8
Other dispositions	44	100	69.3	8.9	11.3	6.0	1.6

*Excludes congenital anomalies under diseases, progress visits NEC under treatments, and injuries NOS under injuries and adverse effects.
†Diagnostic, screening, and preventive procedures.

Source of basic data: National Ambulatory Medical Care Survey.

diagnostic services such as blood pressure checks (27 percent among males and 38 percent among females) and clinical lab tests (19 percent for males and 23 percent for females). A general examination was made and/or a history taken in 22 percent of all visits by either male or female patients. Other specified diagnostic services included X-rays, EKGs, and Pap tests. In about one in 10 visits no diagnostic services were provided.

Drugs were the most commonly prescribed therapy (51 percent among males and 54 percent among females). Next in frequency was diet and/or counseling (26 percent among males and 28 percent among females). Other therapies prescribed by physicians included office surgery and immunization (which included vaccination or the administration of desensitizing agents or substances). There was no therapeutic service at all in about one in five visits.

The majority of all office visits to physicians lasted between six and 15 minutes (56 percent for both male and female patients). About one in four visits to the physician's office lasted longer than a quarter of an hour and approximately one in 20 visits extended beyond a half hour. (See chart on back cover.) In about 3 percent of the visits no direct contact was made with the physician; in these instances care was provided by a member of the physician's staff.

At the conclusion of the visits most patients were directed to return for a follow-up visit at some specified time; 58 percent of the males and 63 percent of the females were so advised. These figures are in close agreement with the findings relating to the proportion of patients who presented old problems. Nearly a quarter of the patients were requested to return if they thought it necessary. In about a tenth of all cases (13 percent among males and 10 percent among females), no arrangements were made for follow-up.

Mortality Among United States Service Personnel

During the 1976-80 period, the overall death rate among United States service personnel was about three fifths the death rate among males in the general population of the United States. However, military personnel experienced generally higher death rates than did insured males.

Mortality data relating to the United States armed forces have been developed from statistics supplied by the Department of Defense and from the experience under Servicemen's Group Life Insurance, Veterans Administration. The deaths and exposure figures for the military also cover female personnel who constituted about 8 percent of the armed forces in 1978 (the midpoint of the period under review). Because of the small proportion of women in service, comparisons have been made with males in the general population and insured males.

As shown in Table 1, the overall death rate among United States service personnel in 1976-80 was 1.22 per 1,000 for all branches of service combined, with the lowest rate (.97 per 1,000) occurring at ages 30-34. At ages under 35, death rates ranged from a low of .97 per 1,000 at ages 30-34 to a high of 1.29 at ages 20-24. At ages 35 and over, mortality rates increased steadily with advance in age, from 1.26 per 1,000 at ages 35-39 to 4.02 at ages 50 and over. The highest death rate by branch of service was recorded by Marine Corps personnel (1.57 per 1,000 for all ages com-

TABLE 1—MORTALITY AMONG UNITED STATES SERVICE PERSONNEL, 1976-80

Branch of Service	Death Rate per 1,000								
	Ages 17 and Over*	Ages 17-19	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50 and Over
All Causes									
All branches	1.22	1.16	1.29	1.02	0.97	1.26	1.54	2.64	4.02
Army	1.20	1.17	1.31	1.01	.96	1.16	1.38	2.58	2.61
Navy	1.32	1.19	1.44	1.17	1.07	1.37	1.61	2.10	3.64
Air Force	1.02	.90	.90	.78	.84	1.25	1.69	3.01	5.88
Marine Corps	1.57	1.40	1.65	1.68	1.44	1.43	1.20	2.66	4.70
All enlisted personnel	1.20	1.16	1.31	0.98	0.89	1.23	1.60	2.70	3.85
Army	1.27	1.17	1.34	1.08	1.10	1.34	1.77	3.45	3.47
Navy	1.30	1.19	1.47	1.11	.94	1.29	1.66	2.66	4.75
Air Force	.87	.90	.90	.67	.62	1.08	1.48	2.04	2.39
Marine Corps	1.53	1.40	1.69	1.45	1.02	1.29	1.18	1.90	6.98
All officers	1.34	†	0.76	1.18	1.20	1.36	1.45	2.56	4.18
Army	.64	†	.71	.56	.49	.53	.62	1.39	1.98
Navy	1.51	†	.74	1.45	1.59	1.83	1.59	1.74	2.91
Air Force	1.71	†	.93	1.25	1.36	1.69	2.04	3.87	6.97
Marine Corps	2.01	†	.52	2.59	2.56	1.73	1.31	3.47	3.33
Accidents‡									
All branches§	0.93	1.13	1.13	0.85	0.66	0.64	0.45	0.42	0.68
Army	1.00	1.17	1.23	.85	.68	.63	.51	.59	.34
Navy	1.00	1.10	1.21	.95	.75	.75	.45	.29	1.36
Air Force	.67	.90	.80	.67	.52	.54	.40	.39	.80
Marine Corps	1.24	1.33	1.20	1.34	.93	1.01	.59	†	†

*Adjusted on basis of age distribution of United States service personnel, 1976-80.
†Fewer than 10 deaths.
‡Based on mortality experience in 1978-80.
§Includes Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

Source of basic data: Reports of United States Department of Defense and experience under Servicemen's Group Life Insurance, Veterans Administration.

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TABLE 2—RATIOS OF DEATH RATES AMONG UNITED STATES SERVICE PERSONNEL, 1976-80 TO DEATH RATES AMONG MALES IN THE GENERAL POPULATION, 1978

Branch of Service	Ages 17 and Over*	Ages 17-19	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50 and Over
				All Causes					
All branches	0.57	0.80	0.63	0.53	0.50	0.50	0.40	0.43	0.38
Army	.57	.80	.65	.53	.50	.46	.36	.42	.25
Navy	.63	.82	.71	.61	.56	.54	.42	.35	.33
Air Force	.46	.62	.44	.41	.44	.49	.44	.50	.55
Marine Corps	.80	.96	.81	.87	.75	.56	.31	.44	.45
All enlisted personnel	0.59	0.80	0.64	0.51	0.47	0.48	0.42	0.44	0.37
Army	.63	.80	.66	.56	.57	.53	.46	.57	.35
Navy	.65	.82	.72	.58	.49	.51	.43	.44	.42
Air Force	.41	.62	.44	.35	.32	.43	.39	.34	.23
Marine Corps	.80	.96	.83	.75	.53	.51	.31	.31	†
All officers	0.50	†	0.37	0.62	0.63	0.54	0.38	0.42	0.39
Army	.24	†	.35	.29	.25	.21	.16	.23	.18
Navy	.56	†	.36	.75	.83	.72	.42	.29	.27
Air Force	.63	†	.46	.65	.71	.67	.53	.64	.65
Marine Corps	.80	†	.26	1.35	1.33	.68	.34	.57	.32
				Accidents‡					
All branches§	NA	1.24	1.08	1.06	1.08	1.00	0.83	0.88	1.10
Army	NA	1.28	1.12	1.04	1.04	1.00	.84	1.00	.51
Navy	NA	1.20	1.10	1.16	1.14	1.20	.75	.49	2.06
Air Force	NA	.98	.73	.82	.79	.86	.66	.66	1.21
Marine Corps	NA	1.45	1.09	1.64	1.42	1.61	.98	†	†

*Adjusted on basis of age distribution of United States service personnel, 1976-80.
†Fewer than 10 deaths.
‡Based on mortality experience in 1978-80.
§Includes Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.
NA: Not available.

Source of basic data: Reports of United States Department of Defense and experience under Servicemen's Group Life Insurance, Veterans Administration.

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TABLE 3—RATIOS OF DEATH RATES AMONG UNITED STATES SERVICE PERSONNEL, 1976-80 TO DEATH RATES AMONG INSURED LIVES, 1978

Branch of Service	Ages 17-19	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50 and Over
All branches	1.01	1.63	1.42	1.01	1.16	0.68	1.55	1.06
Army	1.02	1.68	1.40	1.00	1.06	.61	1.52	.69
Navy	1.03	1.82	1.63	1.11	1.26	.71	1.24	.96
Air Force	.78	1.14	1.08	.88	1.15	.74	1.77	1.55
Marine Corps	1.22	2.09	2.33	1.50	1.31	.53	1.56	1.24

Source of basic data: Death rates of United States servicemen represent the mortality experience, as reported by the Department of Defense. Death rates for United States male insured lives estimated by the Statistical Bureau of the Metropolitan Life Insurance Company, based on the mortality experience under Intercompany Standard Ordinary Nonmedical Issues (first five policy years).

bined) and the lowest by the Air Force (1.02 per 1,000). The death rates among Army and Navy personnel were 1.20 and 1.32, respectively.

The overall death rate among service personnel according to rank was 1.20 per 1,000 for enlisted personnel in all branches of service and 1.34 per 1,000 for officers. Army officers had the lowest death rate from all causes of death combined—.64 per 1,000—while Marine Corps officers had the highest rate—2.01 per 1,000. The mortality rate of .87 per 1,000 among Air Force enlisted personnel was significantly lower than the rates among enlisted men in all other branches and was about half the rate among Air Force officers.

The death rate from accidents was .93 per 1,000 for all branches of service combined. The rates ranged from a low of .67 deaths per 1,000 in the Air Force to a high of 1.24 per 1,000 in the Marine Corps. Both the Army and the Navy recorded a death rate from accidents of 1.00 per 1,000. Mortality from accidents was generally highest at ages under 30 but then declined steadily until age 50 when an upturn occurred. The experience among Marine Corps personnel was consistently higher than that for other branches of service.

The low death rates in the armed forces indicate that service personnel constitute a select group of healthy individuals. This favorable mortality experience reflects to a great extent the effects of medical screening and of the high standard of physical fitness maintained in military service. In addition, those who become seriously ill or develop chronic conditions are discharged from service for treatment and care by the Veterans Administration.

Table 2 presents the ratios of death rates among United States service personnel to the death rates among males in the general population. As indicated in the table, death rates from all causes combined were considerably lower for the armed forces than for males in the general population. The mortality among Army personnel was about three fifths that of males in the general population, while Air Force personnel enjoyed even more favorable mortality. At ages 25-39 the mortality from all causes among United States servicemen was about half that among men in the general population; the corresponding proportions were about four fifths at ages 17-19, three fifths at ages 20-24, and two fifths at ages over 40. However, the death rates from accidents among service personnel, with the exception of the Air Force, were generally somewhat higher than the rates for men in the general population.

In general, the mortality from all causes among

enlisted personnel paralleled that for all ranks by age group. The experience among officers varied to a somewhat greater extent. Only Marine Corps officers at ages 25-34 were subject to higher mortality than that among males in the general population.

Table 3 shows a comparison of the mortality experience among United States military personnel with that among insured males in the first five years after issue of their insurance. The ratios indicate that death rates from all causes were usually higher among service personnel than among insured lives. The widest differential occurred among those 20-24 years old, with the death rate for all branches of service about 1.6 times that of insured males. Mortality was 1.5 times that among insured lives at ages 45-49 and about 1.4 times at ages 25-29.

Fatal Accidents at the Preschool Ages

Accidents are the leading cause of death in the United States among children past infancy but not yet of school age. In 1979, the latest year for which official figures are available, more than 3,300 children aged 1-4 died as a result of accidental injuries—a death rate of 27.1 per 100,000 population. At these ages, accidents were responsible for nearly 3.5 times as many deaths as resulted from congenital anomalies, nearly six times the number of deaths from malignant neoplasms, and about 11 times the number of deaths from influenza and pneumonia.

In recent years there has been a sharp decline in mortality from nonaccidental causes among children at the preschool ages, reflecting to a great extent medical advances in the control of childhood diseases. As shown in the chart on page 13, between 1969 and 1979 deaths from causes other than accidents among children aged 1-4 decreased by about 25 percent among boys and 30 percent among girls. During the same period the mortality from accidents declined by only about 12 percent among boys and 16 percent among girls. As a result, deaths from accidents are of increasing importance in the total mortality picture among very young children. In 1969-70, accidents were responsible for 39 percent of all deaths among boys aged 1-4 and for 34 percent among girls at these ages; by 1978-79, the proportion of accidental deaths had risen to 43 percent among boys and 39 percent among girls.

The table on page 14 presents detailed data on the mortality from the predominant causes of fatal accidents among preschool children in 1978-79. The importance of accidents in the overall mortality among preschool children increased steadily with age. Among boys the proportion of accidental deaths rose from 33 percent of all deaths at age 1 to 54 percent at age 4; among girls the corresponding proportion rose from 33 percent to 45 percent. However, death rates from accidents decreased with age—declining from 35.0 per 100,000 at age 1 to 27.2 per 100,000 at age 4 among boys, and from 30.5 to 16.7 among girls at these ages. The mortality from all accidents was higher among boys than among girls; at ages 1-4 combined, the

sex ratio was 1.4 to 1. The greatest disparity occurred at ages 3 and 4.

Motor vehicle accidents are the most frequent cause of accidental death at ages 1-4. In 1978-79, such accidents accounted for more than a third of all accidental deaths among preschool boys and for two fifths of the deaths among preschool girls. The death rate among preschoolers as pedestrians increased with age, rising when children become more active, and were much higher among boys than among girls.

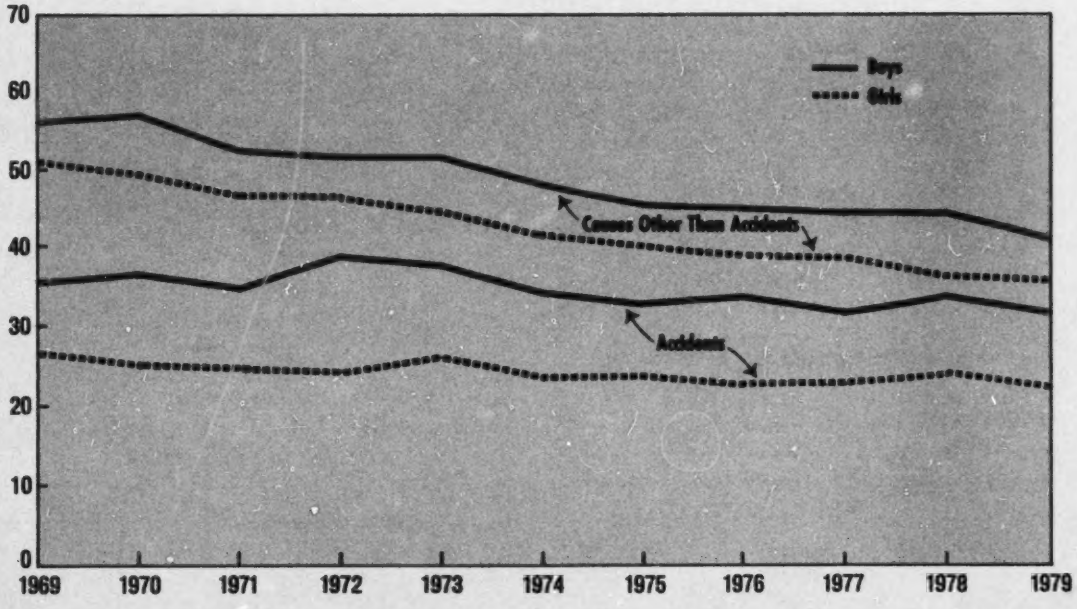
Drowning (other than in water transportation) ranked second among preschool boys and third among girls as a cause of accidental death. At every age preschool boys experienced substantially higher death rates from drowning than did girls, with the rate for boys about twice that for girls at age 2 and about three times that for girls at ages 3 and 4. Among both boys and girls the risk of accidental drowning was greatest at ages 1 and 2.

On the other hand, fires and flames ranked second as a cause of accidental death among girls and third among boys at the preschool ages. Nevertheless, the death rates from this cause were still much lower among girls than among boys except at age 1 when the rates were virtually the same. Among both boys and girls the risk of death from fires and flames was greatest at age 2.

Another significant cause of death among children aged 1-4 was the inhalation and ingestion of food or other objects causing obstruction or suffocation. About half of such fatalities were concentrated at age 1, as were deaths from poisoning by solids and liquids. The majority of deaths from poisoning at the preschool ages were due to drugs and medicaments.

Although the number of accidental deaths among preschool children has declined in recent years, accidents continue to be the major cause of death in this age group. Accidents are also responsible for many serious nonfatal injuries

Trend in Death Rates Among Children Aged 1-4, by Sex
United States, 1969-1979



Source of basic data: Reports of Division of Vital Statistics, National Center for Health Statistics.

MORTALITY FROM LEADING TYPES OF ACCIDENTS AT AGES 1-4

United States, 1978-79

Type of Accident	Age 1	Age 2	Age 3	Age 4	Ages 1-4
	Average Annual Death Rate per 100,000				
Boys					
Accidents—All Types	35.0	35.8	32.3	27.2	32.6
Motor vehicle	10.9	11.6	10.8	11.3	11.2
Pedestrian	3.1	5.2	5.4	5.9	4.9
Drowning*	7.7	8.4	7.4	5.1	7.1
Fires and flames	5.4	8.1	7.8	5.3	6.6
Inhalation and ingestion of food or other object	3.0	1.8	.9	.5	1.6
Falls	1.7	1.1	.8	.8	1.1
Poisoning by solids and liquids	1.3	.4	.3	.3	.6
Drugs and medicaments	.6	.1	.2	.1	.3
Girls					
Accidents—All Types	30.5	24.2	20.3	16.7	23.0
Motor vehicle	11.0	9.6	8.9	8.0	9.4
Pedestrian	3.0	3.0	3.8	3.4	3.3
Fires and flames	5.3	5.5	5.1	4.2	5.0
Drowning*	5.6	3.8	2.6	1.5	3.4
Inhalation and ingestion of food or other object	1.8	1.1	.7	.4	1.0
Falls	1.3	.8	.5	.2	.7
Poisoning by solids and liquids	1.2	.6	.4	.3	.6
Drugs and medicaments	.5	.4	.3	.2	.3
	Percent Distribution				
Accidental deaths as a percent of all deaths					
Boys	33%	45%	51%	54%	43%
Girls	33	41	45	45	39

*Exclusive of deaths in water transportation.

Source of basic data: Reports of the Division of Vital Statistics, National Center for Health Statistics.

among preschoolers. Data from the National Health Survey indicate that in 1981 about 7.3 million children under 6 years of age—more than a third of the population at these ages—suffered injuries requiring medical attention or involving at least one day of restricted activity.

Many deaths from motor vehicle accidents could be prevented and the severity of injuries reduced if young children were properly secured in safety seats (or safety belts for older preschoolers) while riding in cars. According to several surveys, fewer than 15 percent of the children riding in cars are properly restrained. The findings of a detailed 10-year study[1] conducted in the State of Washington indicate that about 90 percent of the deaths among children under 5 years of age could have been prevented and many of the nonfatal injuries would have been far less severe if existing safety devices had been used. A number of states have laws requiring the use of car safety devices for young children. As of December 1982, 20 states and the District of Columbia have enacted some form of child passenger restraint laws. In addition, car seats made on or after January 1, 1981 must now meet a strict federal safety standard. Parents should be warned that not all car seats on sale in stores, bought second hand, or for rental meet this standard. It would be wise to consult the shopping guide for child automobile restraints now available from the American Academy of Pediatrics.

[1]Scherz R: Fatal motor vehicle accidents of child passengers from birth to four years of age in Washington State. *Pediatrics* 68:572-575, Oct 1981.

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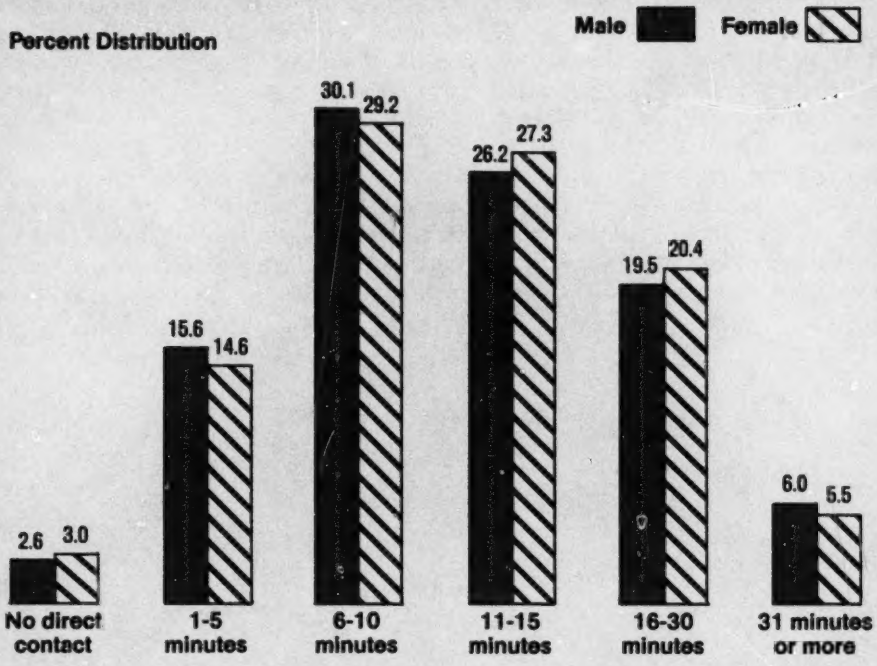
Duration of Office Visits to Physicians

United States, 1977-78



Source of basic data: National Ambulatory Medical Care Survey, National Center for Health Statistics.

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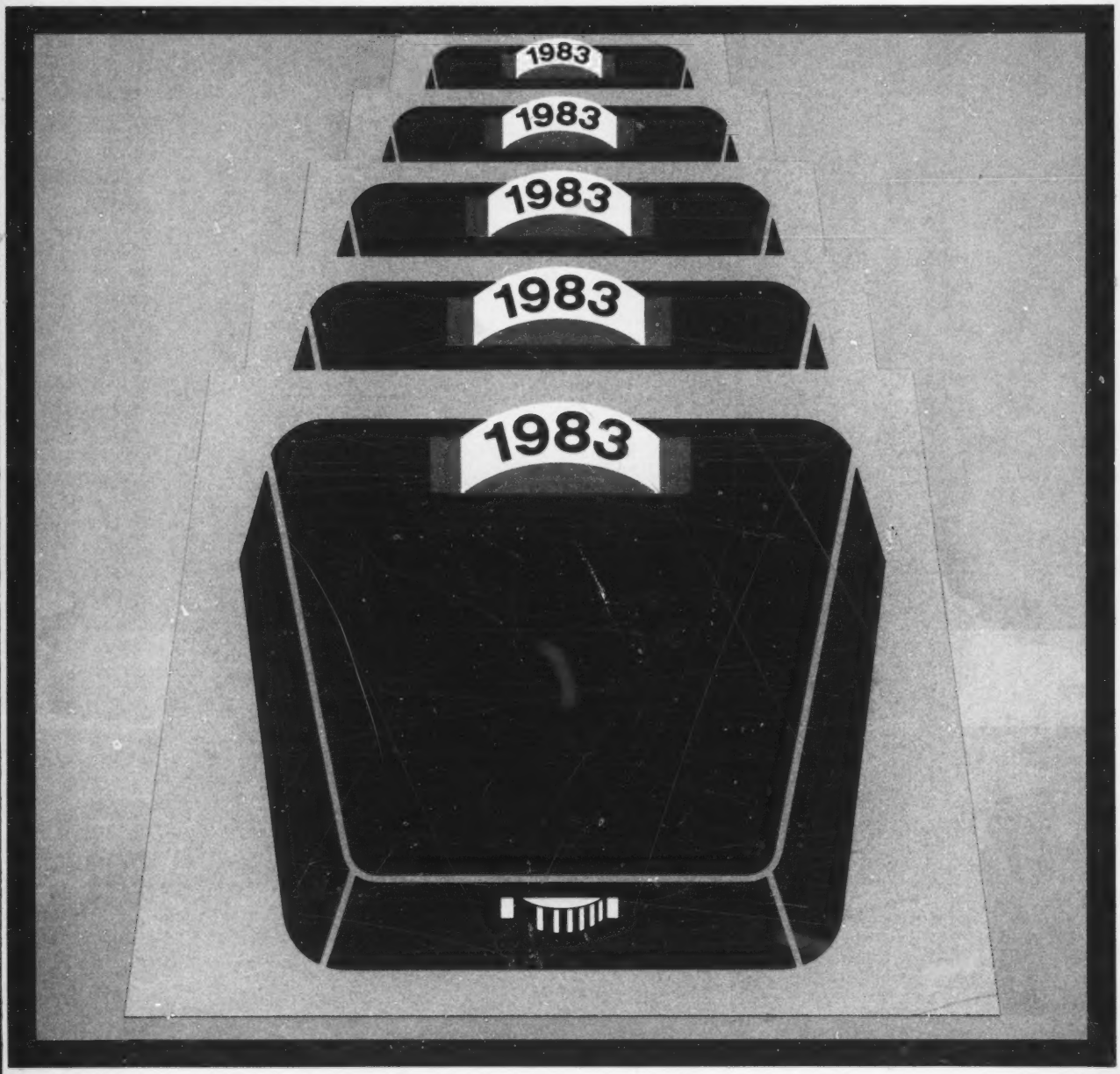

1983 Metropolitan Height and Weight Tables
Accident Death Toll in 1982
Life Expectancy in the United States
Disability Among Metropolitan Employees in 1980-81

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TABLE 1

1983 METROPOLITAN HEIGHT AND WEIGHT TABLES FOR MEN AND WOMEN

According to Frame, Ages 25-59

HEIGHT (In Shoes)†		Weight in Pounds (In Indoor Clothing)*		
		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Feet	Inches			
			MEN	
5	2	128-134	131-141	138-150
5	3	130-136	133-143	140-153
5	4	132-138	135-145	142-156
5	5	134-140	137-148	144-160
5	6	136-142	139-151	146-164
5	7	138-145	142-154	149-168
5	8	140-148	145-157	152-172
5	9	142-151	148-160	155-176
5	10	144-154	151-163	158-180
5	11	146-157	154-166	161-184
6	0	149-160	157-170	164-188
6	1	152-164	160-174	168-192
6	2	155-168	164-178	172-197
6	3	158-172	167-182	176-202
6	4	162-176	171-187	181-207
			WOMEN	
4	10	102-111	109-121	118-131
4	11	103-113	111-123	120-134
5	0	104-115	113-126	122-137
5	1	106-118	115-129	125-140
5	2	108-121	118-132	128-143
5	3	111-124	121-135	131-147
5	4	114-127	124-138	134-151
5	5	117-130	127-141	137-155
5	6	120-133	130-144	140-159
5	7	123-136	133-147	143-163
5	8	126-139	136-150	146-167
5	9	129-142	139-153	149-170
5	10	132-145	142-156	152-173
5	11	135-148	145-159	155-176
6	0	138-151	148-162	158-179

*Indoor clothing weighing 5 pounds for men and 3 pounds for women.

†Shoes with 1-inch heels.

Source of basic data: *Build Study, 1979*, Society of Actuaries and Association of Life Insurance Medical Directors of America, 1980.

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1983 Metropolitan Height and Weight Tables

The Metropolitan Life Insurance Company has been producing height and weight tables for many years and has just introduced an updated version. The 1983 Metropolitan Height and Weight Tables (shown on the opposite page) indicate the weights at which mortality is lowest—or longevity highest—and are intended to promote sound concepts of weight control.

Earlier weight tables, as well as the current tables, have been based on extensive mortality studies of insured lives conducted by the Society of Actuaries and the Association of Life Insurance Medical Directors of America. These two professional groups have collaborated on such studies periodically since the beginning of the century. Their latest study, the *Build Study, 1979*,[1] which was published in 1980, indicated that the gap between average weights and weights based on lowest mortality had narrowed considerably since the 1959 study.[2] This new trend has been taken into account in revising Metropolitan's height and weight tables for men and women. The new figures indicate that today's adults can weigh more than their 1959 counterparts and still anticipate favorable longevity. Although increased, the 1983 weights still fall below average weights. So the conclusion drawn from our earlier studies still applies—it is better to be lean than to be plump, and wiser to weigh less than the average rather than more.

The 1983 Metropolitan Height and Weight Tables on page 2 present weights based on the lowest mortality for men and women at ages 25 to 59 by height and body frame. The same information has been converted to the metric system in Table 2 on page 4. Since the weight tables are shown for small, medium, and large frames, instructions on how to determine body frame by elbow breadth are given in Table 3. Elbow breadth measurements were chosen for this purpose after extensive review of anthropometric studies. The frame designations were developed from elbow breadth measurements taken from the National Health and Nutrition Examination Survey, 1971-75,[3] and were so devised that 50 percent of the population falls within the medium frame and 25 percent each falls within the small and large frames.

Metropolitan's first weight tables *based on the lowest mortality* for men and women were published in 1942[4] and 1943.[5] The original tables, which became known as "ideal" weight tables, were intended to help people aim for a weight below the average for their height. Until then, only average weight tables had been available.

The data for the 1959 Metropolitan Desirable Weight Table[6] were derived from the pooled data of 26 insurance companies in the United States and Canada—about 4.9 million policies issued between 1935 and 1953, traced to policy anniversaries in 1954. Similarly, the 1983 Metropolitan Height and Weight Tables were based on the pooled data of 25 United States and Canadian insurance companies—about 4.2 million policies issued between 1950 and 1971, traced to anniversaries between 1954 and 1972. In both studies, people with major diseases (such as heart disease, cancer, or diabetes) were screened out to isolate the effect of weight on longevity. Between the two periods covered by these studies, however, there have been substantial advances in public health and nutrition, as well as changes in life style.

A comparison of Metropolitan's 1959 and 1983 height and weight tables appears in Table 4. Be-

TABLE 2
1983 METROPOLITAN HEIGHT AND WEIGHT TABLES FOR MEN AND WOMEN ON METRIC BASIS
According to Frame, Ages 25-59

MEN				WOMEN			
	Weight in Kilograms (In Indoor Clothing)*				Weight in Kilograms (In Indoor Clothing)*		
HEIGHT (In Shoes)†	SMALL FRAME	MEDIUM FRAME	LARGE FRAME	HEIGHT (In Shoes)†	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Centimeters				Centimeters			
158	58.3–61.0	59.6–64.2	62.8–68.3	148	46.4–50.6	49.6–55.1	53.7–59.8
159	58.6–61.3	59.9–64.5	63.1–68.8	149	46.6–51.0	50.0–55.5	54.1–60.3
160	59.0–61.7	60.3–64.9	63.5–69.4	150	46.7–51.3	50.3–55.9	54.4–60.9
161	59.3–62.0	60.6–65.2	63.8–69.9	151	46.9–51.7	50.7–56.4	54.8–61.4
162	59.7–62.4	61.0–65.6	64.2–70.5	152	47.1–52.1	51.1–57.0	55.2–61.9
163	60.0–62.7	61.3–66.0	64.5–71.1	153	47.4–52.5	51.5–57.5	55.6–62.4
164	60.4–63.1	61.7–66.5	64.9–71.8	154	47.8–53.0	51.9–58.0	56.2–63.0
165	60.8–63.5	62.1–67.0	65.3–72.5	155	48.1–53.6	52.2–58.6	56.8–63.6
166	61.1–63.8	62.4–67.6	65.6–73.2	156	48.5–54.1	52.7–59.1	57.3–64.1
167	61.5–64.2	62.8–68.2	66.0–74.0	157	48.8–54.6	53.2–59.6	57.8–64.6
168	61.8–64.6	63.2–68.7	66.4–74.7	158	49.3–55.2	53.8–60.2	58.4–65.3
169	62.2–65.2	63.8–69.3	67.0–75.4	159	49.8–55.7	54.3–60.7	58.9–66.0
170	62.5–65.7	64.3–69.8	67.5–76.1	160	50.3–56.2	54.9–61.2	59.4–66.7
171	62.9–66.2	64.8–70.3	68.0–76.8	161	50.8–56.7	55.4–61.7	59.9–67.4
172	63.2–66.7	65.4–70.8	68.5–77.5	162	51.4–57.3	55.9–62.3	60.5–68.1
173	63.6–67.3	65.9–71.4	69.1–78.2	163	51.9–57.8	56.4–62.8	61.0–68.8
174	63.9–67.8	66.4–71.9	69.6–78.9	164	52.5–58.4	57.0–63.4	61.5–69.5
175	64.3–68.3	66.9–72.4	70.1–79.6	165	53.0–58.9	57.5–63.9	62.0–70.2
176	64.7–68.9	67.5–73.0	70.7–80.3	166	53.6–59.5	58.1–64.5	62.6–70.9
177	65.0–69.5	68.1–73.5	71.3–81.0	167	54.1–60.0	58.7–65.0	63.2–71.7
178	65.4–70.0	68.6–74.0	71.8–81.8	168	54.6–60.5	59.2–65.5	63.7–72.4
179	65.7–70.5	69.2–74.6	72.3–82.5	169	55.2–61.1	59.7–66.1	64.3–73.1
180	66.1–71.0	69.7–75.1	72.8–83.3	170	55.7–61.6	60.2–66.6	64.8–73.8
181	66.6–71.6	70.2–75.8	73.4–84.0	171	56.2–62.1	60.7–67.1	65.3–74.5
182	67.1–72.1	70.7–76.5	73.9–84.7	172	56.8–62.6	61.3–67.6	65.8–75.2
183	67.7–72.7	71.3–77.2	74.5–85.4	173	57.3–63.2	61.8–68.2	66.4–75.9
184	68.2–73.4	71.8–77.9	75.2–86.1	174	57.8–63.7	62.3–68.7	66.9–76.4
185	68.7–74.1	72.4–78.6	75.9–86.8	175	58.3–64.2	62.8–69.2	67.4–76.9
186	69.2–74.8	73.0–79.3	76.6–87.6	176	58.9–64.8	63.4–69.8	68.0–77.5
187	69.8–75.5	73.7–80.0	77.3–88.5	177	59.5–65.4	64.0–70.4	68.5–78.1
188	70.3–76.2	74.4–80.7	78.0–89.4	178	60.0–65.9	64.5–70.9	69.0–78.6
189	70.9–76.9	74.9–81.5	78.7–90.3	179	60.5–66.4	65.1–71.4	69.6–79.1
190	71.4–77.6	75.4–82.2	79.4–91.2	180	61.0–66.9	65.6–71.9	70.1–79.6
191	72.1–78.4	76.1–83.0	80.3–92.1	181	61.6–67.5	66.1–72.5	70.7–80.2
192	72.8–79.1	76.8–83.9	81.2–93.0	182	62.1–68.0	66.6–73.0	71.2–80.7
193	73.5–79.8	77.6–84.8	82.1–93.9	183	62.6–68.5	67.1–73.5	71.7–81.2

*Indoor clothing weighing 2.3 kilograms for men and 1.4 kilograms for women.

†Shoes with 2.5 cm. heels.

Source of basic data: *Build Study, 1979*, Society of Actuaries and Association of Life Insurance Medical Directors of America.

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TABLE 3

HOW TO DETERMINE YOUR BODY FRAME BY ELBOW BREADTH

To make a simple approximation of your frame size:

Extend your arm and bend the forearm upwards at a 90-degree angle. Keep the fingers straight and turn the inside of your wrist toward the body. Place the thumb and index finger of your other hand on the two prominent bones on either side of your elbow. Measure the space between your fingers against a ruler or a tape measure. (For the most accurate measurement, have your physician measure your elbow breadth with calipers.) Compare this measurement with the measurements shown below.

These tables list the elbow measurements for men and women of medium frame at various heights. Measurements lower than those listed indicate that you have a small frame while higher measurements indicate a large frame.

MEN

HEIGHT (In 1-inch Heels)	ELBOW BREADTH (Inches)	HEIGHT (In 2.5-cm. Heels)	ELBOW BREADTH (Centimeters)
5'2" - 5'3"	2½" - 2⅞"	158 - 161	6.4 - 7.2
5'4" - 5'7"	2⅝" - 2⅞"	162 - 171	6.7 - 7.4
5'8" - 5'11"	2¾" - 3"	172 - 181	6.9 - 7.6
6'0" - 6'3"	2¾" - 3⅛"	182 - 191	7.1 - 7.8
6'4"	2⅞" - 3¼"	192 - 193	7.4 - 8.1

WOMEN

HEIGHT (In 1-inch Heels)	ELBOW BREADTH (Inches)	HEIGHT (In 2.5-cm. Heels)	ELBOW BREADTH (Centimeters)
4'10" - 4'11"	2¼" - 2½"	148 - 151	5.6 - 6.4
5'0" - 5'3"	2¼" - 2½"	152 - 161	5.8 - 6.5
5'4" - 5'7"	2⅜" - 2⅝"	162 - 171	5.9 - 6.6
5'8" - 5'11"	2⅜" - 2⅝"	172 - 181	6.1 - 6.8
6'0"	2½" - 2¾"	182 - 183	6.2 - 6.9

Source of basic data: Data tape, HANES I—Anthropometry, goniometry, skeletal age, bone density, and cortical thickness, ages 1-74. National Health and Nutrition Examination Survey, 1971-75, National Center for Health Statistics.

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TABLE 4

COMPARISON OF 1959 AND 1983 METROPOLITAN HEIGHT AND WEIGHT TABLES

MEN

Height (Without Shoes)		SMALL FRAME				MEDIUM FRAME				LARGE FRAME			
		1959	1983	Change Since 1959	Percent Change	1959	1983	Change Since 1959	Percent Change	1959	1983	Change Since 1959	Percent Change
Feet	Inches	Weight in Pounds (Without Clothing)											
5	1	105-113	123-129	18 16	17 14	111-122	126-136	15 14	14 11	119-134	133-145	14 11	12 8
5	2	108-116	125-131	17 15	16 13	114-126	128-138	14 12	12 10	122-137	135-148	13 11	11 8
5	3	111-119	127-133	16 14	14 12	117-129	130-140	13 11	11 9	125-141	137-151	12 10	10 7
5	4	114-122	129-135	15 13	13 11	120-132	132-143	12 11	10 8	128-145	139-155	11 10	9 7
5	5	117-126	131-137	14 11	12 9	123-136	134-146	11 10	9 7	131-149	141-159	10 10	8 7
5	6	121-130	133-140	12 10	10 8	127-140	137-149	10 9	8 6	135-154	144-163	9 9	7 6
5	7	125-134	135-143	10 9	8 7	131-145	140-152	9 7	7 5	140-159	147-167	7 8	5 5
5	8	129-138	137-146	8 8	6 6	135-149	143-155	8 6	6 4	144-163	150-171	6 8	4 5
5	9	133-143	139-149	6 6	5 4	139-153	146-158	7 5	5 3	148-167	153-175	5 8	3 5
5	10	137-147	141-152	4 5	3 3	143-158	149-161	6 3	4 2	152-172	156-179	4 7	3 4
5	11	141-151	144-155	3 4	2 3	147-163	152-165	5 2	3 1	157-177	159-183	2 6	1 3
6	0	145-155	147-159	2 4	1 3	151-168	155-169	4 1	3 1	161-182	163-187	2 5	1 3
6	1	149-160	150-163	1 3	1 2	155-173	159-173	4 0	3 0	166-187	167-192	1 5	1 3
6	2	153-164	153-167	0 3	0 2	160-178	162-177	2 −1	1 −1	171-192	171-197	0 5	0 3
6	3	157-168	157-171	0 3	0 2	165-183	166-182	1 −1	1 −1	175-197	176-202	1 5	1 3

WOMEN

Height (Without Shoes)		SMALL FRAME				MEDIUM FRAME				LARGE FRAME			
		1959	1983	Change Since 1959	Percent Change	1959	1983	Change Since 1959	Percent Change	1959	1983	Change Since 1959	Percent Change
Feet	Inches	Weight in Pounds (Without Clothing)											
4	9	90- 97	99-108	9 11	10 11	94-106	106-118	12 12	13 11	102-118	115-128	13 10	13 8
4	10	92-100	100-110	8 10	9 10	97-109	108-120	11 11	11 10	105-121	117-131	12 10	11 8
4	11	95-103	101-112	6 9	6 9	100-112	110-123	10 11	10 10	108-124	119-134	11 10	10 8
5	0	98-106	103-115	5 9	5 8	103-115	112-126	9 11	9 10	111-127	122-137	11 10	10 8
5	1	101-109	105-118	4 9	4 8	106-118	115-129	9 11	8 9	114-130	125-140	11 10	10 8
5	2	104-112	108-121	4 9	4 8	109-122	118-132	9 10	8 8	117-134	128-144	11 10	9 7
5	3	107-115	111-124	4 9	4 8	112-126	121-135	9 9	8 7	121-138	131-148	10 10	8 7
5	4	110-119	114-127	4 8	4 7	116-131	124-138	8 7	7 5	125-142	134-152	9 10	7 7
5	5	114-123	117-130	3 7	3 6	120-135	127-141	7 6	6 4	129-146	137-156	8 10	6 7
5	6	118-127	120-133	2 6	2 5	124-139	130-144	6 5	5 4	133-150	140-160	7 10	5 7
5	7	122-131	123-136	1 5	1 4	128-143	133-147	5 4	4 3	137-154	143-164	6 10	4 6
5	8	126-136	126-139	0 3	0 2	132-147	136-150	4 3	3 2	141-159	146-167	5 8	4 5
5	9	130-140	129-142	−1 2	−1 1	136-151	139-153	3 2	2 1	145-164	149-170	4 6	3 4
5	10	134-144	132-145	−2 1	−1 1	140-155	142-156	2 1	1 1	149-169	152-173	3 4	2 2

Note: Prepared by Metropolitan Life Insurance Company.

Source of basic data: *Build Study, 1979*, and *Build and Blood Pressure Study, 1959*, Society of Actuaries and Association of Life Insurance Medical Directors of America.

TABLE 5

CHANGES IN AVERAGE WEIGHTS FOR MEN AND WOMEN BETWEEN 1959 AND 1979

Weight in Pounds (Without Clothing) According to Height and Age

Height (Without Shoes)		Ages 20-24		Ages 25-29		Ages 30-39		Ages 40-49		Ages 50-59		Ages 60-69	
Feet	Inches	Average Weight 1979	Change Since 1959	Average Weight 1979	Change Since 1959	Average Weight 1979	Change Since 1959	Average Weight 1979	Change Since 1959	Average Weight 1979	Change Since 1959	Average Weight 1979	Change Since 1959
						MEN							
5	1	125	4	129	2	133	3	135	2	136	1	135	3
5	2	131	6	135	4	138	4	139	2	140	2	139	4
5	3	134	5	138	4	142	4	144	3	145	3	144	5
5	4	138	6	142	5	146	4	149	4	150	4	148	5
5	5	143	8	147	6	151	5	153	4	154	4	153	6
5	6	148	10	151	7	155	5	158	4	159	4	158	6
5	7	152	10	156	8	160	6	162	4	163	4	162	6
5	8	158	12	161	9	165	7	167	5	168	5	167	6
5	9	162	12	166	10	169	6	171	4	172	4	171	5
5	10	166	12	170	10	174	7	176	5	177	4	176	5
5	11	171	12	176	11	179	7	181	5	182	4	181	5
6	0	177	14	181	11	185	9	187	7	188	6	186	5
6	1	182	15	186	11	190	9	192	7	193	6	191	5
6	2	188	17	192	13	196	10	198	8	199	7	195	4
6	3	193	19	197	14	201	9	203	7	204	6	202	5
						WOMEN							
4	8	98	0	103	0	107	−4	111	−7	115	−6	117	−6
4	9	102	1	107	1	110	−3	115	−5	118	−5	120	−5
4	10	107	3	109	0	112	−4	118	−5	122	−4	124	−3
4	11	109	1	111	−1	115	−4	120	−6	124	−5	127	−3
5	0	113	2	116	1	118	−4	124	−5	128	−4	130	−3
5	1	117	3	118	0	121	−4	126	−6	130	−6	133	−4
5	2	121	4	122	1	125	−3	130	−6	134	−6	137	−4
5	3	124	3	125	0	128	−3	133	−6	138	−6	140	−5
5	4	127	2	129	0	131	−4	136	−7	141	−7	144	−5
5	5	130	2	131	−1	134	−4	140	−7	144	−8	147	−6
5	6	134	2	135	−1	138	−4	144	−7	149	−7	152	−5
5	7	138	2	139	−1	142	−4	147	−8	153	−7	155	−5
5	8	143	3	145	1	147	−3	152	−8	156	−9	158	*
5	9	146	1	147	−2	150	−5	155	−10	159	−11	160	*
5	10	152	2	153	−1	156	−4	159	−11	163	−13	164	*

*Not calculated because of insufficient data in 1959.

Note: Prepared by Metropolitan Life Insurance Company.

Source of basic data: *Build Study, 1979*, and *Build and Blood Pressure Study, 1959*, Society of Actuaries and Association of Life Insurance Medical Directors of America.

cause these tables were developed from data using different assumptions as to heel height and clothing weight, the comparison was made possible by adjusting both versions of the tables to a nude basis—weight without clothes and height without shoes. In 1959 it was assumed that male indoor clothing (including shoes) weighed seven pounds; an estimate of five pounds was used in 1983. The corresponding figures for females were four pounds in 1959 and three pounds in 1983. A one-inch heel height was assumed for both men and women in 1983, compared with a one-inch heel for men and a two-inch heel for women in 1959.

The new tables show increases in weights based on lowest mortality. However, the increases in weight were not uniformly distributed throughout the tables. Weight increases for tall men and women were not so large as those for short persons or for those of medium height. For short men, the average increase in weight based on lowest mortality was 13 pounds, compared with seven pounds for men of medium height, and only two pounds for tall men. On a percentage basis, the increase was 10 percent for short men, 5 percent for men of medium height, and 1 percent for tall men.

Among women, the pattern was much the same. For short women, the average increase in weight based on lowest mortality was 10 pounds, compared with eight pounds for women of medium height, and three pounds for tall women. On a percentage basis, the increase was 9 percent for short women, 6 percent for women of medium height, and 2 percent for tall women.

Table 5 presents the average weights by height from the *Build Study, 1979,* for men and women aged 20 to 64, and shows how these weights differ from the average weights in the *Build and Blood Pressure Study, 1959.* The figures have been adjusted to nude weight and height without shoes to compensate for differences in the basic data. In the two decades between the studies, average weights for all men and young women have increased but there has been a decline in average weights among older women.

Since the 1959 study, changes in average weights and increases in weights associated with the lowest mortality have resulted in a narrowing of the gap between them. In the 1983 tables, weights based on lowest mortality range from 10 to 20 pounds below the average weights for men; in 1959 the difference was 15 to 20 pounds. For women, the new Metropolitan weights are five or fewer pounds below average weights, while the difference ranged from 15 to 20 pounds in 1959. Even though the gap has narrowed, particularly for women, it must be reiterated that it is still considered best to be slender and to keep your weight below average weight.

Because the earlier Metropolitan height and weight tables had been called "ideal" or "desirable," various misinterpretations of their meaning and purpose occurred. The new tables, like the earlier tables, simply indicate the weights at which people should have the greatest longevity. These weights are not used for underwriting or in the computation of premiums. They are not the weights that minimize illness or the incidence of disease. Neither are they weights that optimize job performance, nor the weights for best appearance. Because the words "ideal" and "desirable" mean different things to different people and have created confusion, these terms will no longer be used in referring to Metropolitan's height and weight tables.

No one standard of weights can always satisfy the needs of the public, the medical profession, public health workers, or nutritionists, nor can such a standard necessarily be appropriate for those suffering from various impairments or diseases. The new height and weight tables are a health education tool—a guideline.

[1] *Build Study, 1979.* Chicago, Society of Actuaries and Association of Life Insurance Medical Directors of America, 1980.

[2] *Build and Blood Pressure Study, 1959.* Chicago, Society of Actuaries and Association of Life Insurance Medical Directors of America, 1980.

[3] Data tape, HANES I—Anthropometry, goniometry, skeletal age, bone density, and cortical thickness, ages 1-74. National Health and Nutrition Examination Survey, 1971-75, National Center for Health Statistics.

[4] Ideal Weights for Women. *Statistical Bulletin* 23:6-8, October 1942.

[5] Ideal Weights for Men. *Statistical Bulletin* 24:6-8, June 1943.

[6] New Weight Standards for Men and Women. *Statistical Bulletin* 40:1-4, November-December 1959.

Accident Death Toll in 1982

Accidents caused an estimated 95,500 deaths in the United States in 1982, about 3,500 fewer than in the previous year. The provisional mortality rate from accidents in 1982 was 41.3 per 100,000 population, about 4.5 percent lower than the fatality rate of 43.2 in 1981. This estimated death rate for 1982 is the lowest on record.

The decline in mortality from accidents in 1982 was due largely to the dramatic 10 percent drop in the death toll from motor vehicle accidents during the year. Such fatalities fell by about 5,000—to an estimated 46,500—registering the lowest number of deaths from motor vehicle accidents since 1975, the first year that mandatory lower speed limits were effectively enforced throughout the nation. Traffic safety experts attribute part of the current decline in deaths from motor vehicle accidents to the rise in the legal minimum drinking age in several states, as well as to intensified police efforts to combat driving by those who are alcohol impaired. Preliminary data indicate that the death rate per 100 million miles traveled reached a record low of 3.0 in 1982.

Public accidents, other than those involving motor vehicles, accounted for 20,000 deaths in 1982—about 1,000 more than in the previous year. Job-related fatalities decreased by about 300 to a low of 11,800; approximately 3,600 of these deaths are included in the estimated 46,500 motor vehicle fatalities in 1982. Deaths from injuries in and about the home remained at about the same level as the 21,000 deaths estimated for 1981.

According to records maintained by the Metropolitan Life Insurance Company, about 900 persons in the United States died in catastrophes (accidents taking five or more lives) in 1982. The death toll from such accidents was about a quarter higher than that in 1981. There was a significant increase in deaths from civil aviation accidents and cataclysms (tornadoes, floods, mud slides, etc.), as well as from military aviation and motor vehicle catastrophes. On the other hand, catastrophic accidents in mines and quarries, in water transportation, and from fires accounted for fewer deaths in 1982 than in the previous year. Accidents in civil aviation caused more than one-third of all catastrophic deaths in 1982 and cataclysms accounted for about one-fifth. Fires and motor vehicle accidents were each responsible for one-eighth of the catastrophic deaths, while one-tenth were attributed to military aviation accidents.

During 1982 there were five major catastrophes, each of which caused 25 or more fatalities; in the aggregate they resulted in 325 deaths. The worst disaster of the year occurred on July 9 in Kenner, La., when a scheduled airliner crashed in a suburban residential area minutes after takeoff from New Orleans International Airport during a severe thunderstorm. The plane plowed through several houses, setting them and others ablaze. All 146 persons on board the plane and eight others on the ground were killed, recording the second highest death toll in the nation's aviation history. The National Transportation Safety Board's investigation of the disaster has focused on the theory that the jet ran into wind shear (sudden vertical and horizontal shifts in wind direction and velocity) caused by thunderstorms and other frontal systems that can rob a jetliner of needed lift on landing approach or takeoff.

MAJOR CATASTROPHES IN THE UNITED STATES, 1978-82

Accidents Taking 25 or More Lives

Date	Place	Type of Accident	Number of Lives Lost
		1982	
July 9	Kenner, La.	Crash of scheduled plane	154
January 13	Washington, D.C.	Crash of scheduled plane	78
January 3-5	Northern California	Floods and mud slides	36
April 2	Arkansas, Mississippi, Missouri, Northern Texas	Tornadoes	30
March 19	Near Chicago, Ill.	Explosion and crash of military plane	27
		1981	
July 17	Kansas City, Mo.	Collapse of two aerial walkways in hotel	114
October 26	Off Hillsboro Beach, Fla.	Sinking of boat	33
January 9	Keansburg, N.J.	Fire in rest home for aged	31
		1980	
November 21	Las Vegas, Nev.	Fire in hotel	85
May 18	Mount St. Helens, Wash.	Volcanic eruption	60
May 9	Tampa Bay, Fla.	Collision of ship with bridge during rainstorm	35
February 13-21	Southern California	Rain, floods, and subsequent mud slides	30
		1979	
May 25	O'Hare Airport, Chicago, Ill.	Crash of scheduled plane	273
April 10	Wichita Falls, Texas	Tornado	42
November 1	Gulf of Mexico Off Galveston, Texas	Collision of tanker and freighter	32
April 2	Farmington, Mo.	Fire in retirement home	25
		1978	
September 25	San Diego, Calif.	Collision of scheduled and private planes	144
January 25-27	Midwest	Blizzard	80
April 27	Willow Island, W.Va.	Collapse of scaffolding inside cooling tower of power plant under construction	51
February 5-7	Northeast	Severe snowstorm	50
August 2-3	Texas	Floods	27

Note: Figures for natural disasters are approximate.

Another civil aviation disaster occurred on January 13 in Washington, D.C. A jetliner taking off from National Airport during a snowstorm crashed into a bridge, striking several vehicles on the bridge, and plunged into the icy Potomac River; 74 of the 79 persons aboard the plane and four persons on the bridge were killed. Federal safety experts believe that ice buildup on the jetliner contributed to the crash; snow or ice can alter the shape of the wing edges, changing their aerodynamics and affecting the ability of lift devices to help the aircraft climb. Before takeoff the plane had spent 50 minutes on the ground following its last de-icing. However, the chief causes cited by the National Transportation Safety Board's report were the crew's failure to turn on the engine anti-icing systems, the decision to take off with ice on the airfoils, and the captain's failure to abort the takeoff when the co-pilot called his attention to abnormal readings on engine instruments.

There were two natural disasters in 1982. On January 3-5, one of the most destructive rainstorms of modern times caused mud slides and raging floods in northern California, and claimed approximately 36 lives. On April 2, 56 tornadoes swept through Arkansas, Mississippi, Missouri, and northern Texas, resulting in about 30 deaths.

The fifth major disaster in 1982 occurred on March 19 in northern Illinois. A military tanker jet exploded during a thunderstorm and plunged from a height of 13,000 feet into a snowy field, scattering wreckage over four miles and killing all 27 persons aboard.

Life Expectancy in the United States

The expectation of life at birth for the total resident population of the United States reached an all-time high of 74.5 years in 1982, according to preliminary life tables prepared by the Metropolitan Life Insurance Company. Both males and females shared in this record. Life expectancy for newborn males rose to 70.7 years while the expectation of life at birth for newborn females increased to 78.2 years.

Between 1981 and 1982, the average life expectancy of the total population increased by 0.4 years, with a gain of 0.4 years among males and 0.3 years among females. (See Table 1.) Longevity increments in the previous year had been 0.3 years for the total population, 0.3 years for males, and 0.2 years for females. Between 1979 and 1980, however, average life expectancy had remained the same for males but declined by 0.1 years for the total population and for females. This was the first time since 1968 that a decline in life expectancy had occurred. With the exception of the expected lifetime for newborn males, the average life expectancy in 1980 for each age shown in the table was lower than that in 1979. The decline in longevity in 1980 can be attributed to the influenza epidemics that occurred in the early and late months of the year. On the other hand, the gains in life expectancy in 1981 and 1982 reflect the absence of severe influenza outbreaks during those years, as well as the continued decline in mortality from the major cardiovascular diseases and from accidents. Another significant factor in the recent

TABLE 1—EXPECTATION OF LIFE (IN YEARS)

United States, 1979-1982

	National Center for Health Statistics			Metropolitan Life Insurance Company
Age	1979	1980*	1981*	1982*
Total Population				
0	73.9	73.8	74.1	74.5
1	73.9	73.7	74.0	74.3
15	60.3	60.1	60.4	60.7
25	50.9	50.8	50.9	51.2
35	41.5	41.4	41.6	41.8
45	32.4	32.2	32.4	32.6
55	24.0	23.8	24.0	24.2
65	16.7	16.5	16.7	16.8
75	10.7	10.5	10.7	10.8
Male				
0	70.0	70.0	70.3	70.7
1	70.1	69.9	70.2	70.6
15	56.5	56.4	56.7	57.0
25	47.4	47.3	47.5	47.8
35	38.2	38.1	38.3	38.6
45	29.2	29.1	29.3	29.5
55	21.1	21.0	21.2	21.4
65	14.3	14.2	14.3	14.5
75	9.1	8.8	9.0	9.1
Female				
0	77.8	77.7	77.9	78.2
1	77.7	77.5	77.7	77.9
15	64.1	63.9	64.0	64.2
25	54.4	54.2	54.3	54.6
35	44.8	44.6	44.7	44.9
45	35.4	35.2	35.3	35.5
55	26.7	26.4	26.6	26.7
65	18.7	18.5	18.7	18.8
75	11.9	11.6	11.9	11.9

*Provisional.

TABLE 2—EXPECTATION OF LIFE AND MORTALITY AT SINGLE YEARS OF AGE

By Race and Sex, United States, 1979

Age	Expectation of Life in Years					Mortality Rate per 1,000				
	Total Persons	White		All Other		Total Persons	White		All Other	
		Male	Female	Male	Female		Male	Female	Male	Female
0	73.9	70.8	78.4	65.4	74.1	13.2	12.9	10.0	21.7	18.2
1	73.9	70.7	78.2	65.9	74.5	.9	.9	.7	1.3	1.1
2	73.0	69.7	77.3	65.0	73.5	.7	.7	.5	1.1	.9
3	72.0	68.8	76.3	64.0	72.6	.5	.5	.4	.9	.7
4	71.0	67.8	75.3	63.1	71.7	.4	.4	.3	.8	.6
5	70.1	66.9	74.4	62.1	70.7	.4	.4	.3	.6	.5
6	69.1	65.9	73.4	61.2	69.7	.3	.4	.3	.6	.4
7	68.1	64.9	72.4	60.2	68.8	.3	.4	.2	.5	.3
8	67.2	63.9	71.4	59.2	67.8	.3	.3	.2	.4	.3
9	66.2	62.9	70.4	58.3	66.8	.2	.3	.2	.4	.2
10	65.2	62.0	69.4	57.3	65.8	.2	.2	.2	.3	.2
11	64.2	61.0	68.5	56.3	64.8	.2	.2	.2	.3	.2
12	63.2	60.0	67.5	55.3	63.8	.3	.3	.2	.4	.2
13	62.2	59.0	66.5	54.3	62.9	.4	.5	.3	.5	.3
14	61.3	58.0	65.5	53.4	61.9	.5	.8	.3	.7	.3
15	60.3	57.1	64.5	52.4	60.9	.7	1.0	.4	.9	.4
16	59.3	56.1	63.6	51.5	59.9	.9	1.3	.5	1.1	.5
17	58.4	55.2	62.6	50.5	58.9	1.0	1.5	.6	1.3	.5
18	57.4	54.3	61.6	49.6	58.0	1.1	1.7	.6	1.6	.6
19	56.5	53.4	60.7	48.6	57.0	1.2	1.8	.6	1.9	.7
20	55.6	52.5	59.7	47.7	56.1	1.2	1.8	.6	2.1	.8
21	54.6	51.6	58.7	46.8	55.1	1.3	1.9	.6	2.4	.8
22	53.7	50.7	57.8	46.0	54.1	1.3	1.9	.6	2.7	.9
23	52.8	49.8	56.8	45.1	53.2	1.3	1.9	.6	2.9	1.0
24	51.9	48.9	55.8	44.2	52.2	1.3	1.9	.6	3.0	1.0
25	50.9	48.0	54.9	43.3	51.3	1.3	1.8	.6	3.2	1.1
26	50.0	47.0	53.9	42.5	50.3	1.3	1.7	.6	3.3	1.1
27	49.1	46.1	52.9	41.6	49.4	1.3	1.7	.6	3.5	1.2
28	48.1	45.2	51.9	40.8	48.5	1.3	1.6	.6	3.5	1.2
29	47.2	44.3	51.0	39.9	47.5	1.3	1.6	.6	3.6	1.3
30	46.2	43.3	50.0	39.0	46.6	1.3	1.6	.6	3.7	1.3
31	45.3	42.4	49.0	38.2	45.6	1.3	1.6	.7	3.8	1.4
32	44.4	41.5	48.1	37.3	44.7	1.3	1.6	.7	3.9	1.5
33	43.4	40.5	47.1	36.5	43.8	1.4	1.6	.7	4.1	1.7
34	42.5	39.6	46.1	35.6	42.8	1.5	1.7	.8	4.3	1.8
35	41.5	38.7	45.2	34.8	41.9	1.6	1.8	.9	4.6	2.0
36	40.6	37.7	44.2	33.9	41.0	1.7	1.9	1.0	4.9	2.2
37	39.7	36.8	43.3	33.1	40.1	1.8	2.0	1.1	5.2	2.4
38	38.7	35.9	42.3	32.3	39.2	2.0	2.2	1.2	5.5	2.6
39	37.8	35.0	41.4	31.4	38.3	2.1	2.4	1.3	5.9	2.8
40	36.9	34.0	40.4	30.6	37.4	2.3	2.6	1.4	6.3	3.0
41	36.0	33.1	39.5	29.8	36.5	2.5	2.8	1.6	6.8	3.2
42	35.1	32.2	38.5	29.0	35.6	2.8	3.1	1.8	7.3	3.4
43	34.2	31.3	37.6	28.2	34.7	3.1	3.5	1.9	7.8	3.8
44	33.3	30.4	36.7	27.4	33.9	3.4	3.9	2.1	8.4	4.1

TABLE 2—EXPECTATION OF LIFE AND MORTALITY AT SINGLE YEARS OF AGE

By Race and Sex, United States, 1979

Age	Expectation of Life in Years					Mortality Rate per 1,000				
	Total Persons	White		All Other		Total Persons	White		All Other	
		Male	Female	Male	Female		Male	Female	Male	Female
45	32.4	29.5	35.7	26.7	33.0	3.7	4.3	2.3	8.9	4.5
46	31.5	28.7	34.8	25.9	32.2	4.1	4.8	2.5	9.6	4.9
47	30.6	27.8	33.9	25.2	31.3	4.5	5.3	2.8	10.4	5.4
48	29.8	27.0	33.0	24.4	30.5	4.9	5.9	3.1	11.3	5.9
49	28.9	26.1	32.1	23.7	29.7	5.5	6.5	3.4	12.5	6.5
50	28.1	25.3	31.2	23.0	28.9	6.0	7.2	3.8	13.7	7.1
51	27.2	24.5	30.3	22.3	28.1	6.6	8.0	4.2	15.0	7.8
52	26.4	23.7	29.5	21.6	27.3	7.2	8.8	4.6	16.2	8.4
53	25.6	22.9	28.6	21.0	26.5	7.8	9.6	5.0	17.3	8.9
54	24.8	22.1	27.7	20.3	25.7	8.4	10.4	5.3	18.3	9.4
55	24.0	21.3	26.9	19.7	25.0	9.0	11.2	5.7	19.2	9.8
56	23.2	20.5	26.0	19.1	24.2	9.7	12.1	6.2	20.3	10.4
57	22.4	19.8	25.2	18.5	23.5	10.5	13.3	6.7	21.6	11.1
58	21.7	19.0	24.4	17.9	22.7	11.5	14.7	7.4	23.0	12.1
59	20.9	18.3	23.5	17.3	22.0	12.6	16.3	8.1	24.7	13.2
60	20.2	17.6	22.7	16.7	21.3	13.9	18.0	8.9	26.5	14.6
61	19.5	16.9	21.9	16.1	20.6	15.2	19.9	9.8	28.4	15.9
62	18.7	16.3	21.1	15.6	19.9	16.5	21.7	10.7	30.2	17.1
63	18.1	15.6	20.4	15.1	19.3	17.8	23.6	11.5	31.8	18.1
64	17.4	15.0	19.6	14.6	18.6	19.0	25.4	12.3	33.4	19.0
65	16.7	14.4	18.8	14.0	17.9	20.3	27.3	13.2	34.9	19.7
66	16.0	13.7	18.1	13.5	17.3	21.7	29.4	14.2	36.5	20.7
67	15.4	13.1	17.3	13.0	16.7	23.4	31.8	15.4	38.6	22.0
68	14.7	12.6	16.6	12.5	16.0	25.5	34.7	16.9	41.1	24.0
69	14.1	12.0	15.9	12.0	15.4	27.9	38.0	18.7	44.1	26.4
70	13.5	11.5	15.2	11.6	14.8	30.5	41.7	20.6	47.5	29.2
71	12.9	10.9	14.5	11.1	14.2	33.2	45.5	22.8	50.9	32.0
72	12.3	10.4	13.8	10.7	13.7	36.1	49.4	25.0	54.3	34.6
73	11.8	9.9	13.1	10.3	13.2	38.8	53.2	27.4	57.2	37.1
74	11.2	9.5	12.5	9.9	12.7	41.7	56.9	30.0	59.8	39.3
75	10.7	9.0	11.9	9.5	12.2	44.7	60.9	32.8	62.3	41.5
76	10.2	8.6	11.2	9.1	11.7	48.1	65.1	36.0	65.0	43.9
77	9.7	8.1	10.7	8.7	11.2	51.9	70.0	39.7	68.3	46.6
78	9.2	7.7	10.1	8.3	10.7	56.2	75.5	43.8	72.2	49.7
79	8.7	7.3	9.5	7.9	10.2	61.2	81.9	48.6	76.8	53.2
80	8.2	6.9	9.0	7.5	9.8	67.0	89.0	54.1	82.1	57.0
81	7.8	6.6	8.5	7.1	9.4	73.5	97.0	60.5	88.0	61.0
82	7.4	6.2	8.0	6.8	8.9	80.8	105.7	67.9	94.3	65.0
83	7.0	5.9	7.5	6.5	8.5	89.2	115.2	76.7	100.8	68.8
84	6.6	5.6	7.1	6.1	8.1	98.6	125.1	87.1	106.9	72.0
85	6.3	5.3	6.8	5.8	7.7					

Source: National Center for Health Statistics.

increase in longevity has been the continuing improvement in infant mortality—the death rate fell from 12.5 per 1,000 live births in 1980 to 11.7 per 1,000 in 1981 and to a record low of 11.2 per 1,000 in 1982.

According to Table 1, men aged 25 in 1982 could anticipate an additional 47.8 years of life, compared with 47.5 years in 1981 and 47.3 years in 1980. At age 45 the average remaining lifetime was 29.5 years in 1982, 29.3 years in 1981, and 29.1 years in 1980. Men aged 65 could look forward to another 14.5 years of life—0.2 years more than that expected in 1981.

In 1982 women aged 25 had an average future lifetime of 54.6 years, 0.3 years greater than could be expected in 1981 and 0.4 years more than in 1980. At age 45, 35.5 additional years could be anticipated, compared with 35.3 years in 1981 and 35.2 years in 1980. The average expectation of life for women 65 years old was 18.8 years, fractionally greater than the figure for 1981.

There is a substantial sex differential in longevity for the population as a whole. A female born in 1982 can expect to outlive her male counterpart by 7.5 years. This differential has fluctuated between 7.5 and 7.8 years since 1968.

To provide more specific information on longevity in the United States, Table 2 presents data on life expectancy and mortality for whites and nonwhites at single years of age in 1979 (the latest year for which such detailed data by age, race, and sex are available). In 1979 the expectation of life at birth was considerably greater for whites than for nonwhites. White males could expect to live on the average 5.4 years longer than nonwhite males, and white females about 4.3 years more than nonwhite females. Females continued to have a longevity advantage. A newborn white female could expect to outlive a newborn white male by 7.6 years; among nonwhites the sex differential was 8.7 years.

In recent years longevity has improved more rapidly for the nonwhite population. Between 1969-71 and 1979, life expectancy at birth for the nonwhite population rose by 4.8 years. For the white population, the increase in longevity during the period was 3.0 years. In 1979 a newborn white female had a life expectancy of 78.4 years, a gain of 2.9 years since 1969-71, while a nonwhite infant girl could expect to survive to 74.1 years, an increase of 5.1 years during the same period. In the male population the average length of life at birth was 70.8 years for whites and 65.4 years for nonwhites—representing gains of 2.9 and 4.4 years, respectively.

While increases in life expectancy occurred at every age, the gains were greatest at the younger ages. Moreover, improvement was greater for nonwhites than for whites, and the increases were larger for females than for males. In 1979 white females had a life expectancy of 54.9 years at age 25, 35.7 years at age 45, 18.8 years at age 65, and 11.9 years at age 75. These figures reflected increases in longevity since 1969-71 of 2.5 years at age 25, 2.2 years at age 45, 1.9 years at age 65, and 1.7 years at age 75. The pattern was the same for white males, with increases of 2.3 years at age 25 and of 1.4 years at age 65. Among nonwhite females there were increments of 4.1 years at age 25 and 1.9 years at age 65. Among nonwhite males the expectation of life at age 25 increased by 3.0 years and at age 65 by 1.1 years. Longevity was more favorable among white men at the earlier ages, but after age 69 nonwhite men had the advantage. The average length of life was greater for white women than for nonwhite women until age 72; thereafter, the reverse was true.

Although larger gains in longevity were generally recorded for the nonwhite population, their mortality rates (upon which expectation of life figures are based) continue to remain relatively higher than the mortality rates among whites. Death rates were less than 1 per 1,000 population at ages 1 to 35 among white females and at ages 2 to 22 among nonwhite females. Mortality at this low level prevailed only at ages 1 to 14 among white males and at ages 3 to 15 among nonwhite males. Death rates remained below 5 per 1,000 until age 46 for white males and age 52 for white females; among nonwhites, death rates below 5 per 1,000 held until age 36 for males and age 46 for females.

Based on current mortality conditions, about seven out of every 10 white women can expect to celebrate their 75th birthday, while only about one in two white men can do so. Among nonwhites the chances of surviving to age 75 are about three in five for women and about one in three for men.

Disability Among Metropolitan Employees in 1980-81

The incidence of disability* among personnel of the Metropolitan Life Insurance Company occurred at an average annual rate of 153 per 1,000 in 1980-81. About two out of every 13 employees in the home office, head offices, and the field became disabled during this two-year period.

As shown in the table on page 18, the highest disability rates in 1980-81 were recorded among women—190 per 1,000 for office personnel and 173 per 1,000 for sales personnel. Disability rates among men were considerably lower—104 per 1,000 for office personnel and 122 per 1,000 for sales personnel.

Older employees were disabled more frequently than younger employees, the disability rates generally rising with advance in age. Among male office personnel, the annual incidence of disability lasting longer than a week was 191 per 1,000 at ages 55-64, more than double the rate of 81 per 1,000 recorded at ages 17-24. Among male sales employees, the disability rate at ages 55-64 was 205 per 1,000, nearly three times that at ages under 25.

Among female office personnel, the incidence of disability increased with advance in age, although the difference in rates at the younger and older ages was not so large as that for males. New cases of disability among female office employees occurred at an average annual rate of 230 per 1,000 at ages 55-64, compared with 176 per 1,000 at ages 17-24. The experience among female sales employees, however, followed a much different pattern. For these women the highest incidence of disability was recorded at the younger ages; the rates rose from 179 per 1,000 at ages 17-24 to 186 at ages 25-44, dropped to 144 per 1,000 at ages 45-54, and then rose to 167 at ages 55-64.

In 1980-81 diseases of the respiratory system were the leading cause of disability among male office personnel at all ages combined; accidental injuries and diseases of the digestive system ranked next. These three causes were responsible for more than half of all disabilities lasting longer than a week among male office employees during the two-year period. Accidental injuries were the leading cause of disability at ages 17-24 and ages 45-54, while respiratory diseases ranked second in these age groups. At ages 25-44 and 55-64, however, respiratory diseases were the leading cause of disability. Diseases of the digestive system and of the circulatory system were also major causes of disability at ages 45 and over.

Among male sales personnel at ages 17-64, accidental injuries were the most frequent cause of disability, followed by diseases of the circulatory system, diseases of bones and other organs of movement, and digestive disorders. More than three-fifths of all disabilities among male sales employees were attributed to these four disease categories. Accidental injuries led in frequency at ages under 45; at the older ages circulatory diseases ranked first, followed by diseases of the digestive system. The increased frequency of disability from circulatory diseases with advancing age was particularly pronounced; the incidence of new cases rose from 7 per 1,000 at ages 25-44, to 26 per 1,000 at ages 45-54, and to 49 per 1,000 at ages 55-64.

Maternity and related conditior.s were the most frequent cause of disability among female person-

*Limited to cases of illness lasting longer than a week to a maximum of 26 weeks; if still disabled, employees receive further benefits under another part of the Company's Insurance and Retirement program.

INCIDENCE OF DISABILITY LASTING LONGER THAN A WEEK

Personnel of the Metropolitan Life Insurance Company,* 1980-81

Annual Incidence per 1,000

Cause of Disability	Male					Female				
	Ages 17-64	Ages 17-24	Ages 25-44	Ages 45-54	Ages 55-64	Ages 17-64	Ages 17-24	Ages 25-44	Ages 45-54	Ages 55-64
Office Personnel										
All Causes	103.8	81.1	74.1	180.0	191.3	189.8	176.2	178.7	204.1	229.8
Diseases of respiratory system	21.7	14.1	17.2	34.2	38.8	34.4	19.3	27.3	49.4	62.9
Diseases of digestive system	14.5	8.8	10.1	25.1	30.7	14.2	13.6	11.1	19.5	19.4
Diseases of circulatory system	9.8	‡	4.0	26.1	29.8	7.5	1.9	4.1	13.3	20.1
Diseases of heart	4.5	‡	‡	11.1	19.0	2.6	‡	.8	4.6	9.7
Diseases of genitourinary system	4.6	‡	2.8	‡	15.3	17.7	10.2	20.2	23.6	13.4
Maternity and related conditions	—	—	—	—	—	49.1	88.5	62.8	—	—
Diseases of bones and other organs of movement	10.9	‡	8.3	22.1	19.0	17.0	7.4	12.2	27.2	35.4
Neoplasms—total	2.8	‡	‡	‡	10.8	7.7	3.1	5.9	14.4	12.7
Benign	1.3	‡	‡	‡	‡	4.9	2.8	4.0	8.9	6.5
Psychoneuroses and psychoses	1.5	‡	‡	‡	‡	3.7	2.2	4.2	4.5	2.8
Accidental injuries	19.2	23.8	16.1	37.2	11.7	17.2	12.6	13.7	20.1	31.7
Sales Personnel†										
All Causes	122.1	72.3	87.1	138.6	205.1	172.8	178.8	185.6	144.3	166.6
Diseases of respiratory system	11.0	‡	9.6	12.3	14.6	20.2	14.9	18.5	16.5	38.7
Diseases of digestive system	17.1	6.8	10.6	22.1	30.2	14.6	15.8	15.4	12.6	14.2
Diseases of circulatory system	19.4	‡	6.5	25.8	48.8	7.7	‡	5.2	8.2	22.1
Diseases of heart	10.7	‡	2.9	13.5	29.7	2.8	‡	‡	‡	14.2
Diseases of genitourinary system	5.7	‡	3.5	5.1	13.3	19.7	9.6	21.2	23.8	15.0
Maternity and related conditions	—	—	—	—	—	33.2	64.9	49.1	—	—
Diseases of bones and other organs of movement	17.8	8.7	13.7	21.3	26.5	16.8	11.4	14.8	20.8	22.1
Neoplasms—total	3.1	‡	.8	4.8	7.2	9.4	‡	9.4	11.7	‡
Benign	1.7	‡	‡	3.0	3.9	6.1	‡	6.5	6.9	‡
Psychoneuroses and psychoses	5.5	‡	4.3	6.3	9.0	5.1	‡	6.4	6.1	‡
Accidental injuries	21.2	26.6	23.1	18.0	19.1	23.0	23.7	22.3	22.5	26.1

*Personnel in the Pacific Coast States and Canada are not included.
†Employees in the district offices and field (including clerical).
‡Fewer than 10 cases in this category; rate not computed.

nel. Ranking second were respiratory diseases among office employees and accidental injuries among sales employees. Among female office personnel, maternity and related conditions led in frequency at ages under 45, while respiratory diseases led at the older ages. About one of every 11 women aged 17-24 and one of every 16 women aged 25-44 who worked in the home and head offices were disabled in 1980-81 because of pregnancy. Among female sales personnel, maternity and related conditions were the primary cause of disability at ages under 45, while diseases of the genitourinary system were the principal cause of disability at ages 45-54 and diseases of the respiratory system at ages 55-64. Accidental injuries ranked second for every age group.

During the two-year period, female employees experienced higher rates of disability from respiratory diseases, genitourinary diseases, and neoplasms than did men. Male employees, on the other hand, were disabled most frequently by circulatory diseases (particularly diseases of the heart) and digestive disorders. Both male and female office personnel recorded appreciably higher rates of disability from respiratory diseases than did sales personnel.

The chart on the back cover shows the incidence of disability by age for men and women in sales and office work, and indicates the effect of maternity and related conditions on the disability rates among women.

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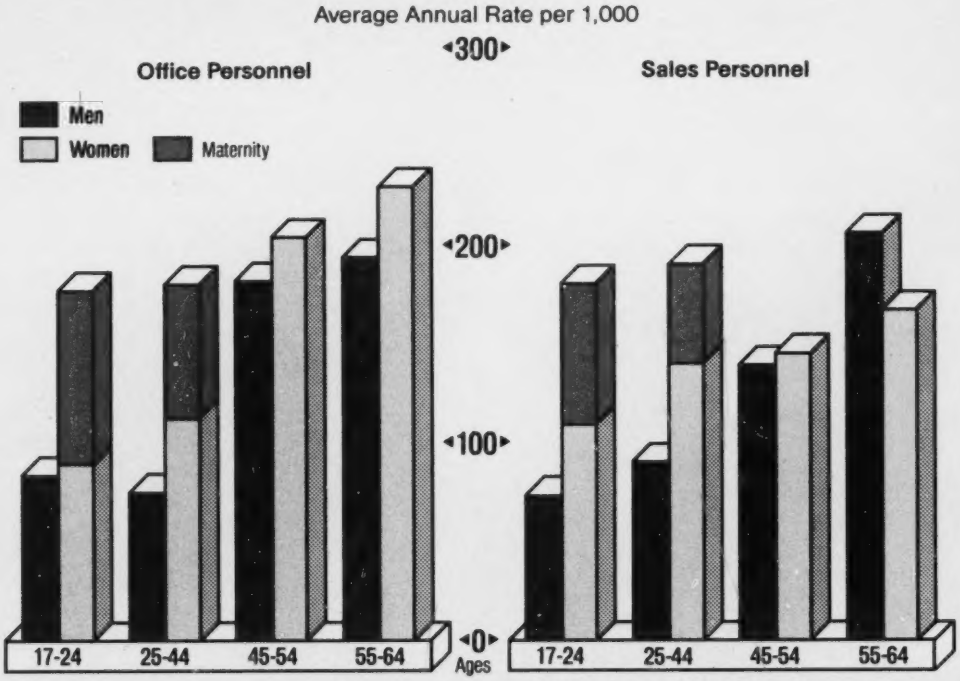
Incidence of Disability,* 1980-81

Personnel of Metropolitan Life Insurance Company



*Disability lasting longer than a week to a maximum of 26 weeks. Personnel in Pacific Coast States and Canada are not included.

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